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LADIES' HOME
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editor's journal

Who's in charge anyway?



If you're like me, your favorite feeling is being on top of everything in your life: your job, your hair appointments, your closets, your kids' basketball schedules, r checkbook, your vegetable per. That's why the last few ths, tinged with a national sense of ess and loss, have been so hard. plans, the way I want to live, the I want my children to see the ld, have gotten shoved aside. ks to a bunch of hate-mongering s I've never met. I've been forced ange the way I think, the way I e way I open my mail.

y solution? I've found myself ht up in totally-out-of-character f baking, window washing, closet ing, letter writing, reconnecting, ugging and workbench organiz- ike you, I'm struggling to control ings I *can* control. And I know my friends (not to mention the s of women I've bonded with at ighborhood hardware store) that ot alone. To make getting it to- r easier, the editors at *Ladies' Journal* cooked up an amazing ge all-in-one planner to help you gle all the beautiful, important mplex details of your life.

craving for control is so big that usual January resolutions—lose nds, floss more, read Proust—worthy but beside the point. In- I'm resolving to follow this , which Loretta Amodio, who grew up down the block from me in Amityville, New York, sent one day when the news headlines seemed particularly hard to fathom. The words were attributed to Mother Teresa. I don't know if she really wrote them, but they helped remind me that no matter what happens, when it comes to reaching out to the people I care about, I am in the driver's seat.

If you are kind, people may accuse
you of selfish motives;
Be kind anyway.
What you spend years building,
someone could destroy overnight;
Build anyway.
If you find serenity and happiness,
others may be jealous;
Be happy anyway.
The good you do today, people will
often forget tomorrow;
Do good anyway.
Give the world the best you have,
and it may never be enough;
Give the world the best you have
anyway.

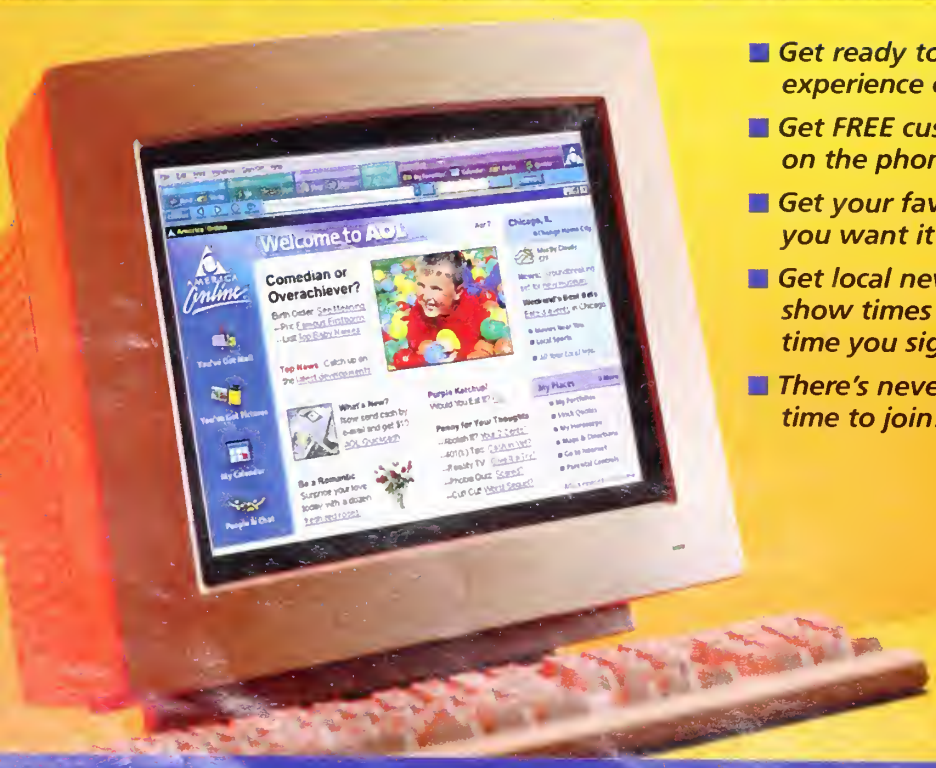
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Sarah

E-mail me at sarah@mdp.com
Editor-in-Chief Myrna Blyth and Editor Sarah Mahoney alternate writing this column.



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january file

A puzzling holiday

On the 29th of this month, consider rounding up the kids to celebrate National Puzzle Day. The holiday, which originated in Boulder, Colorado, pays homage to everything from Search-a-Words to 3-D models of the Trojan Horse. Crosswords are among the most popular puzzles and run in about 95 percent of U.S. newspapers, thanks in part to Arthur Wynne, who wrote the first widely published crossword in 1913 for the *New York World*.

A nurse in the house

With the nation's war-related anxieties trickling down to the youngest among us, it's nice to know the school nurse is on duty. So you might want to send the kids to school with an apple for the nurse as well as the teacher on the 23rd. For the past two decades, the National Association of School Nurses has designated the fourth Wednesday in January to honor the group's 10,000 members in 50 local chapters across the U.S. For more information, visit *www.nasn.org*.

Snow sisters

Hit the slopes with the girls during the fifth annual Take Your Daughter to the Snow Week (January 28 to February 3), sponsored by the SnowSports Association for Women. According to SnowSports Industries America, women account for more than 41 percent of Alpine skiers and nearly 26 percent of snowboarders. For more information, visit *www.snowlink.com*.





What's your sign? These zodiac symbols represent (from top) Capricorn, Aries, Cancer and Libra

Signs of the times

Now, more than ever, we all want to know what the future holds. Astrologists are reporting an increase in demand for their services since September 11. "You turn to astrology because you want to know the future is going to be okay," says Jacqueline Bigar, an astrologer whose horoscope column appears daily in some 300 newspapers around the world. Bigar says that requests for chart readings have dramatically increased in the months since the terrorist attacks on the U.S. Readings can take hours to do and range in price from $30 to $300, depending on the client's questions and the astrologer's level of expertise.

"The more tense a situation, the more business we get," agrees astrologer and syndicated horoscope columnist Linda C. Black, who reports that her phone started ringing off the hook after the terrorism strikes. "People are looking for answers and some sort of direction."

Black contends that Americans are paying for astrological chart readings and packing into traditional houses of worship for the same reason: a sense of security. But she stresses that astrology shouldn't be confused with religion. "I'm not God—I can't tell people exactly what's going to happen in their lives," she says. "Think of me as a weather forecaster." *(For Black's forecast for your sign in the year ahead, log on to www.lhj.com.)*

Francesca Di Meglio

the giving spirit

VOLUNTEER MATCHMAKER

Americans, like never before, are offering to pitch in and volunteer. This renewed commitment to service has made a star of VolunteerMatch.org, a Web site that links would-be volunteers with opportunities in their community. The site, which saw a dramatic increase in traffic after the terrorist attacks, posts 33,000 opportunities at nonprofit and tax-exempt groups in more than 4,000 cities. Visitors enter their zip code and preferences and within seconds receive a list of places needing volunteers—from the American Red Cross to a local literacy campaign.

In recent months, interest in VolunteerMatch's health category has increased. The site reports a 127 percent spike in those referrals. One visitor was Chicagoan John Gable, a computer programmer. "I had to do something to help the people of New York," says Gable, who volunteered to create a database for New York Methodist Hospital as its staff plans for future disaster relief.



Amanda Weinal (left) and Doreen Lopez

street smarts



Candy dish

Do both sexes react the same to candy on a co-worker's desk?

"More women than men stopped by. Only a few men took a piece—most just looked and kept on walking." —*Donna Schultz, 42, customer-service rep, Alexandria, Louisiana*

"One male colleague felt it was unfair to be tempted." —*Stacie Sherer, 28, p.r. agency manager, San Francisco*

"All my co-workers seemed happier with the candy around." —*Lisa Jarmoszka, 34, senior communications consultant, Chicago*

The winner's circle

You may not have the right stuff for next month's Olympics, but there are less taxing options:

■ In Jericho, New York, and other nearby locations, the prestige goes to the guy or gal who can eat the most matzo balls. Last year's winner consumed 15, and more than $5,000 was donated to charity. Visit www.bensdeli.net for information.

■ Each July, Key West, Florida, holds its Papa Hemingway Contest. Heavy-set, bearded men make themselves into the spitting image of Ernest Hemingway (www.hemingwaydays.com).



Chelsea Burs and sneaks

■ Officials of Montpelier, Vermont's, annual Rotten Sneaker Contest look for three specifics when judging entries: offensive odor, worn-out soles and frayed laces. The winner's shoes get inducted into the Hall of Fumes (www.odoreaters.com).



the new new thing

Move over coffee:

Tea is brewing up some competition with tea salons opening from Boston to San Francisco. These hot spots are all about service with charm and style. And exotic blends are joining the more traditional Earl Greys as standard fare on tea menus in restaurants, as well. Heartbeat, in New York City's W Hotel, even has a tea sommelier to help pair your meal with the perfect cup.


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buzz

What's happening in entertainment



FILM

Kate & Leopold (left) Love conquers all—even a 100-year age difference—in this new flick. After traveling to the future, Leopold (Hugh Jackman), a 19th-century duke, tries to win over Kate (Meg Ryan), a modern-day executive.

The Shipping News This drama based on the Pulitzer prize–winning novel by E. Annie Proulx features Kevin Spacey as a newspaper man seeking to make a new life for his family after his wife dies in a car crash.

Pluto Nash (right) Eddie Murphy promises to reprise the moonwalk—before Michael Jackson can—when he steps into character as moon-dweller Pluto Nash, who leads a revolt against earthlings taking over his lunar colony. ***Orange County*** Lily Tomlin and John Lithgow headline this film about a guidance counselor whose incompetence helps bring on the laughs.



BOOKS



Poetry is medicine for the soul, and *In a Dark Time* (Beacon Press, $12) aims to cure a mourning nation. The book includes poems by W.H. Auden and U.S. poet laureate Billy Collins. Also on the bookshelf: John Grisham departs from his usual thrillers with *Skipping Christmas* (Doubleday, $19.95), a novel about a couple who gives up on the holidays.

VIDEOS



***The Princess Diaries*, a comedy about a gawky teenager whose life changes after learning she's a real-life princess, features a winning performance by newcomer Anne Hathaway. Julie Andrews and Hector Elizondo round out the cast led by director Garry Marshall, of *Pretty Woman* fame. Other releases of note: *Jurassic Park III*, starring Téa Leoni, and the warped fairy tale *Shrek*, which features the voices of Mike Myers and Cameron Diaz.**



CDS

Classics showcases **Sarah Brightman's** soprano voice on songs from previous albums and such new recordings as "Ave Maria." More music: Country rocker **Garth Brooks'** *Scarecrow* is highlighted by a duet with Trisha Yearwood; ***Madonna's*** *Greatest Hits Volume 2* features her 1990s tunes. **Sting's** live *All This Time* album features a tribute to the victims of September 11; **Paul McCartney** returns with *Driving Rain*.

this month with



Sally Taylor, 28, daughter of music icons Carly Simon and James Taylor, recently released her third album, *Shotgun*. Here, she talks about making a name for herself.

Parental presence: "They affect every part of my music down to having similar voices. But when it comes to the business, my mom and dad have different experiences because they've been on big-name labels for so long (Taylor has her own, Blue Elbow). They don't know the first thing about bulk mailing promotional flyers."

On launching her own record label: "It felt really important to be able to create whatever I wanted."

Up next: "I'm preparing to tour this spring and summer."

New Year's resolution: "I resolve not to take anything for granted and to be grateful for every day."

Reported by Marisa Sandora, Francesca Di Meglio, Meredith Perez, Meredith Franco, Dorie Edelstein and Dominique Andrews

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On trend

Petal pushers

The farthest thing from sight midwinter is a flower blooming, but you can fast-forward to spring with one of the new rosy skin-care products.

Spot fighter To fight fine lines and moisturize the eye and lip areas, dab on Enessa Rose Oil ($44; to order, 888-436-3772). **Anytime pick-me-up** Refresh your skin from the drying effects of indoor heat with a spritz of Georgette Klinger Natural Rosewater Spray ($15; to order, 800-554-6437). **Body moisturizer** Massage in a fragrant post-shower lotion such as Fresh Rose Bulgarian Body Cream ($26; to order, 800-373-7420). **Once-a-week treat** Dr. Hauschka Firming Mask with rose extract rescues a dull complexion ($34.50; stores, 800-247-9907); best for normal, dry or sensitive skin.



Bargain beauty

Vaseline Intensive Care Renew & Protect Moisturizing Lotion ($4.98) has retinol, the same vitamin A derivative used in pricey facial formulas, to hydrate dry skin and SPF 5 to help protect against winter sun exposure, too.



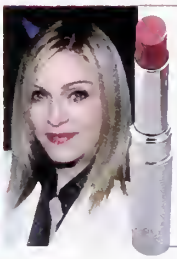
Fashion flash:

Lining up

We're seeing a lot of stars and stripes these days, but sometimes the stripes go it alone for a classic nautical look. To jazz up your favorite jeans or a simple white tee, pair them with bold styles like these that are on the scene now.



Bag, Rafé New York, $225; top, Charlotte Tarantola at Jeffrey Schwager Showroom, $120; pants, Body Action Design, $138



CELEB PICK

For a sexy pout, **Madonna** slicks on **Calvin Klein Lip Color Wash** in Berry, a rosy hue ($15; for stores, 800-715-4023). One coat gives a light veil of color; for more drama, apply, blot, reapply.

NO PROBLEM: STAIN-FREE NAILS

Yellow nails have you hiding your hands? Elle, manicurist for the Mark Edward Agency, in New York City, offers tips to get your nails back to a whiter shade of pale.

- **Squeeze lemon juice on your nails**—the citric acid helps lighten stains. Or add an effervescent denture cleanser to warm water and soak nails for 5 to 10 minutes.
- **Protect with base coat** Nails absorb color from polish, so a base coat is a must; but be sure it doesn't contain formaldehyde, which itself can cause staining. Try Barielle Instant Liquid Hardener ($12; for stores, 800-790-8884).
- **Need extra whitening power?** Try Talika Instant Manicure with oxygen ($30 for 8 packets; order at *www.saksfifthavenue.com*). It has vitamin C, lemon, and ivy and horsetail extracts to remove yellowness.

Got a beauty question?
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Cold-weather hair helpers

Your biggest winter hair problems solved

By Jessica Goldberg



Is your hair standing on end?

To prevent static, keep your mane moisturized, says Mario Russo, owner of Salon Mario Russo, in Boston. Avoid products with alcohol, such as hairsprays. If your hair is normal to thick, try a moisturizing styling cream such as Salon Selectives Loosely Defined Styling Crème ($2.99) or Mario Russo Miracle Styling Cream ($24.50; to order, call 866-654-8367). For fine hair, try a hydrating foam, such as L.A. Looks Mega Volume Mousse ($2.29). Need a quick fix during the day? Run damp hands through hair to rehydrate and help tame frizz. Or rub a fabric-softener sheet over hair to neutralize any electric charge.

Getting flaky?

"What you may think is dandruff could be dry scalp," says Hilary Baldwin, M.D., associate professor of dermatology at the State University of New York at Brooklyn. Dandruff is triggered by a fungus that causes the scalp to overproduce greasy scales. Dry scalp, caused by lack of moisture, will itch with powdery particles, not the bigger, white flakes associated with dandruff. To avoid dehydration, keep your home cool. Use a humidifier at night to add moisture to the air. Baldwin also suggests shampooing less and switching to a richer conditioner. Whether you have dandruff or dry scalp, try a shampoo and conditioner with zinc, which kills dandruff-causing fungus and also soothes dry scalp, such as Head & Shoulders shampoos and conditioners ($3.99).

Does your hat leave you flat?

"To avoid hat hair, invest in a newsboy-style cap," says Joelle, senior stylist at the Avon Salon & Spa in New York City. "You can pull it down over your ears and the fuller top won't crush your style." If you just can't give up tighter, knit hats, follow Joelle's tired-tress tips. Use a vent brush to lift strands and take out tangles without adding static. Joelle also suggests roughing up roots with wet hands to reactivate styling products.

WHAT IS THIS STUFF AND HOW DO I USE IT?

To keep hair looking healthy despite the weather, the right styling formula is key. But lately, with all the fun and creative names for the newest hair-care products, it's not always easy to decipher what they'll do for you. Here, we decode the latest formulas.

PRODUCT	WHAT IS IT?	HOW TO USE IT
Bumble and bumble SumoTech, $18	A molding substance that has the hold of a wax without leaving stiff and sticky strands. Works best on short, choppy styles to add texture and definition.	Rub a pea-size amount in the palms of your hands and run through dry or towel-dried hair.
Iso Multiplicity Tousle Cream 'n Gel, $16	A product that gives the support of a moderate-hold gel while adding the shine and control of a finishing cream.	Great for any hair length. Rub a dollop through wet or dry hair and style.
Wella Liquid Hair Gloss Jelly Finishing Polish, $10.99	A finishing serum that can tame frizz and define curls or give a sleek, smooth finish to straight styles.	Work a small amount onto the palms of hands and apply to the ends of dry hair for control and shine.



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PURE**SKIN**THERAPY

"He's not there for me"

Their tragedy should have brought Elena and Scott closer together. Instead, it was tearing them apart

By Margery D. Rosen



ELENA'S TURN:

"Three months ago, our baby was stillborn," said Elena, 32, clasping her hands tightly in her lap.

"Now, one minute I'm sobbing, the next I'm numb. I keep reliving that awful day. I can't sleep. It's hard to work or to talk to anyone. And my husband doesn't understand my pain.

"Scott and I knew we were expecting a boy; we'd already named him Daniel. Up until my sixth month, the pregnancy had been perfect; then I started to get lower abdominal pains so severe at times that I couldn't walk or even sit. Tests showed nothing out of the ordinary, and my obstetrician told us not to worry. I should have gotten another opinion.

"Shortly after that, I realized that I hadn't felt the baby move in a while. I called the doctor, who seemed unconcerned as he said, 'If he doesn't move after four or five hours, go to the hospital.' We waited just two hours before [illegible] to the emergency room. A sonogram showed no heartbeat. [illegible] contractions started. I can't even begin to tell you how horrible it was going through labor and delivery, knowing our baby was dead. Afterward, a nurse urged me to hold my tiny son, and I said good-bye.

"We consented to an autopsy before giving Daniel a private burial, but it gave no clue as to why he died. It's horrible not knowing the reason, and I'm outraged that my obstetrician didn't take the warning signs seriously. But in our state, you can't file a malpractice suit for negligence involving a baby that died before birth.

"At first the tragedy drew Scott and me closer. As sympathetic as my family and friends were, no one else truly knew what we were going through. But Scott and I are miles apart now. He went back to his job as a financial adviser a *(continue*

For people with type 2 diabetes

"Taking care of my diabetes takes real commitment. Always."



"I do want to be stronger than diabetes. I want to do this for myself, and for Eileen — my wife and best friend.

"So, I will always take care of myself. It was tough at first, but I got into a good diet and exercise routine. That still wasn't enough, so my doctor added *Avandia* for my type 2 diabetes. It helps my body use its own natural insulin more effectively.

"It's been a year now, and I've kept my blood sugar down — with the help of *Avandia*. Your results may vary."

Avandia, along with diet and exercise, helps improve blood sugar control. It may be prescribed alone, with Glucophage® (metformin HCl tablets), or with sulfonylureas. When taking *Avandia* with a sulfonylurea, you may be at risk for low blood sugar. Ask your doctor whether you need to lower your sulfonylurea dosage.

Some people may experience tiredness, weight gain or swelling with *Avandia*.

Avandia in combination with insulin may increase the risk of serious heart problems. Because of this, talk to your doctor before using *Avandia* and insulin together. *Avandia* may cause fluid retention, or swelling, which could lead to or worsen heart failure, so tell your doctor if you have a history of these conditions. If you experience an unusually rapid increase in weight, swelling or shortness of breath while taking *Avandia*, talk to your doctor immediately. *Avandia* is not for everyone. If you have severe heart failure or active liver disease, *Avandia* is not recommended.

Also, blood tests to check for serious liver problems should be conducted before and during *Avandia* therapy. Tell your doctor if you have liver disease, or if you experience unexplained tiredness, stomach problems, dark urine or yellowing of the skin while taking *Avandia*. See important patient information on the following page.

Talk to your doctor, or for more information call 1-800-AVANDIA (1-800-282-6342) or visit www.avandia.com

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ving page.

Patient Information about AVANDIA® (rosiglitazone maleate) 2 mg, 4 mg, and 8 mg Tablets

What is *Avandia*?
Avandia is one product in a class of prescription drugs called thiazolidinediones (thigh-a-zol-a-deen-die-owns) or TZDs. It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body probably still produces insulin but it is not able to use the insulin efficiently. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take 8 to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day or twice a day (in the morning and evening). It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
<u>If your doctor has prescribed *Avandia* for use once a day:</u>

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

<u>If your doctor has prescribed *Avandia* for use twice a day:</u>

- As soon as you remember the missed dose, take one tablet
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice on diet, exercise, weight control and medication. *Avandia* alone or in combination with other antidiabetic drugs (i.e., sulfonylureas or metformin), may improve these other factors by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other m cations, including other antidiabetic medications, b control pills, warfarin (a blood thinner), Zantac® (ranitic an antiulcer product from GlaxoSmithKline), certain h medications, and some cholesterol-lowering products. should discuss with your doctor the most appropriate for you. If you are taking prescription or over-the-cou products for your diabetes or for conditions other diabetes, be sure to tell your doctor. Sometimes a pa who is taking two antidiabetic medications each day become irritable, lightheaded or excessively tired. Tell doctor if this occurs; your blood sugar levels may be d ping too low, and the dose of your medication may nee be reduced.

What should I discuss with my doctor before tal *Avandia*?
Avandia in combination with insulin may increase the ris serious heart problems. Because of this, talk to your dc before using *Avandia* and insulin together. *Avandia* cause fluid retention or swelling which could lead t worsen heart failure, so tell your doctor if you have a his of these conditions. You should also talk to your doct you have liver problems, or if you are nursing, pregnar thinking of becoming pregnant. If you are a premenopa woman who is not ovulating, you should know that *Ava* therapy may result in the resumption of ovulation, which increase your chances of becoming pregnant. There you may need to consider birth control options.

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. most common side effects reported by people ta *Avandia* were upper respiratory infection (cold-like sy toms) and headache. As with most other diabetes med tions, you may experience an increase in weight. You also experience edema (swelling) and/or anemia (ti ness). If you experience any swelling of your extrem (e.g., legs, ankles) or tiredness, notify your doctor. Ta your doctor immediately if you experience edema, sh ness of breath, an unusually rapid increase in weigh other symptoms of heart failure.

Who should not use *Avandia*?
You should not take *Avandia* if you are in the later stag heart failure or if you have active liver disease. The fo ing people should also not take *Avandia*: People with 1 diabetes, people who experienced yellowing of the with Rezulin® (troglitazone, Parke-Davis), people wh allergic to *Avandia* or any of its components and pe with diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure your b sugar control. Blood tests to check for serious liver lems should be conducted before starting *Avandia*, ev months during the first year, and periodically thereafte

It is important that you call your doctor immediately experience unexplained symptoms of nausea, vom stomach pain, tiredness, anorexia, dark urine, or yellow the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a proof container out of the reach of children. Store *Av* in its original container.

GlaxoSmithKline

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(continued) few days after the funeral. I'm happy that he has found some distraction, but I can't help thinking he just doesn't care as much as I do. When I tell him what's bothering me, he offers a simplistic solution, like 'Try not to brood about it,' then says he doesn't want to talk anymore.

"Unfortunately, we have other issues to deal with, too. Scott was in the throes of a messy divorce long before we met five years ago. His ex-wife, Mary, is determined to destroy his relationships with their nine- and seven-year-old daughters. She changes visitation schedules whenever she feels like it and tells the girls we don't enjoy having them in our home.

"Then there are the financial issues. Last year, the firm where Scott worked was taken over, and he was laid off. While he was between jobs, we started bickering about everything. During my pregnancy we were still fighting, especially over issues like my folks visiting us. Scott dislikes them so much that he no longer makes an effort to be nice. I have issues with them, too, but they're my parents, and I'm not going to cut them out of my life.

"I was born in Mexico. My parents emigrated to New York when I was ten to start a better life, leaving me with relatives I didn't really know. When they finally sent for me two years later, it was very difficult. My parents were incredibly strict. Even though I did well in school, they frowned on the idea of a girl going to college. At nineteen, I married a guy I barely knew, just to get out of the house.

"After my divorce nine years later, I found work as a market researcher in a new firm headquartered in the same building as Scott's company. We kept bumping into each other in the elevator; he asked me to lunch and, after only a few months, I knew this was the man I wanted to spend my life with.

"Some days, I want to try for another baby; other days I vow not to risk any more heartache. Even if I did want to try again, I'm hardly in the mood for sex. I've always been proud that I could handle my problems, but I'm not going to make it through this crisis without help."

SCOTT'S TURN:

"Imagine coming home from work to find your wife on the floor, sobbing inconsolably, rocking a folded towel in her arms as if it were a baby," said Scott, 40. "My heart is broken for Elena, but nothing I say or do makes one bit of difference. I make a suggestion—let's go to dinner, let's take a walk—and she screams at me for not understanding her grief.

"I do know what Elena's going through, but there has to be a point when you say, 'Okay, we'll find a way to move on.' I can't listen to problems over and over again; I need to find solutions. So I try to prevent those kinds of conversations from starting in the first place.

"I'm under a huge amount of stress—the baby, my job, my ex-wife. All of that is bound to have an effect on a marriage, but I never expected anything like this. While I was between jobs, Elena became overly critical and demanding about



"I need someone to be strong for me, too"

the littlest things, like how to put away the groceries. Even today our arguments about her parents get totally out of hand. I've never gotten along with them, and I'll never understand how they could have abandoned her as a child for so long.

"My Italian-American family was very different. I grew up outside of Philadelphia with two older sisters. It was a fairly traditional childhood: My dad, a factory worker, was the disciplinarian; Mom, a homemaker, was the softie. When stuff happened, they dealt with it and moved on.

"When Elena and I met, I was in the middle of a bad divorce. As soon as my ex-wife, Mary, found out I was dating someone, she cut back on my visitation time with my daughters out of jealousy, and brainwashed them into believing I didn't want them in my life. I feel terrible that the divorce has prevented me from being the dad I want to be. I had hoped to get a second chance with the new baby.

"Losing my job was a bigger shock than I could have imagined. Eventually, I found a new position, but it pays less than I *(continued)*

(continued) used to earn. Because of this worry, I'm probably not as attentive to Elena as I should be. But it cuts both ways. I used to rely on her wisdom and advice, and now she barely wants anything to do with me.

"I have a framed copy of our baby's footprints on my desk, and I think about him all the time. Sometimes I feel I have to prove to Elena how much I'm hurting. I think she blames me to some degree for his death, and I guess I also blame myself. All my problems put her under a ton of stress. I should have questioned the doctor more, but after he assured us Elena was fine, and the tests revealed nothing wrong, I didn't dwell on it.

"Now I feel paralyzed. People always call to ask how Elena is doing, never how I am. It's hard to be strong for my wife all the time when I need someone to be strong for me, too."

THE COUNSELOR'S TURN:

"This couple was far from alone in their sorrow," said the counselor. "According to the National Institutes of Health, some 26,500 stillbirths occur every year. About half of these deaths have no known cause.

"Within just a few months, the discrepancy between the intensity of Elena's grief and Scott's, as well as their different coping styles, was beginning to tear them apart.

"After such an unexpected loss, some women, like Elena, feel symptoms similar to those of posttraumatic stress syndrome—crying jags, flashbacks and waves of rage and guilt. Elena desperately needed to talk about her pain over and over again, and she assumed that because her husband didn't, he wasn't hurting as much as she was.

"A type-A personality, Scott was used to solving problems, and he was trying to heal by throwing himself into his work. But increasingly, he felt he had to be Elena's caretaker, a role for which he felt ill-prepared. In the meantime, no one allowed him to express his pain.

"For Scott and Elena to recover, it was essential to set limits so that the sorrow didn't swallow them up. I suggested that they put aside fifteen or twenty minutes every day to talk about how they were feeling and coping. Scott tried hard to listen to whatever Elena needed to say without blurting out a suggestion. With this plan, Elena knew she would be heard, and Scott knew the discussion wouldn't go on forever. We also used this system to help them talk about other matters, such as Elena's parents and Scott's divorce issues.



"The pain will never go away, but I feel I've turned a corner," said Elena

"In addition, I encouraged Scott and Elena to participate in seminars and support groups at a local pregnancy loss center. This helped them see that they were not alone in their ordeal. 'Meeting so many couples who had survived and emerged intact showed us that some day we could, too,' said Elena.

"As the second anniversary of the stillbirth approached, both of them noticed that the sadness and rage had quieted down. 'It will never go away—I don't want it to,' said Elena. 'But I feel that I've turned a corner.'

"It was then that she was ready to try for another child. Her interest in sex returned, and she and Scott began making love more frequently. Three years after the stillbirth, Elena had a healthy baby girl.

"Today, Elena and Scott are regular volunteers at the pregnancy loss group. Elena reports: 'Helping others is part of the legacy we want to leave for Daniel.'" ■

For more information on pregnancy and infant loss, contact SHARE, a national support group at 800-821-6819, or online at www.nationalshareoffice.com.

"Can This Marriage Be Saved?" is the most enduring women's magazine column in the world. This case is based on interviews and information from the files of Joann Paley Galst, Ph.D., a psychologist in private practice in New York City who is also a volunteer with the Pregnancy Loss Support Program of the National Council of Jewish Women, a non-sectarian group in New York City. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation. For more true stories of couples in crisis, go to the Love Channel of *www.lhj.com* and click on "Can this marriage be saved?"

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The tragic events of September 11 and its aftermath have left no American untouched. While women report in a revealing new poll by **Ladies' Home Journal** that their confidence has been shaken, they have nonetheless risen to the occasion. Shock and grief have given way to charity and compassion. Resolve has toughened, faith deepened, and family and friends are more cherished. Though forever different, life goes on.

How we've changed



Hazardous materials workers check for deadly anthrax in Los Angeles

Brave new world

Whether it's inspecting the mail with rubber gloves or looking at tall buildings with apprehension, 76 percent of women say the September attacks have definitely changed their lives—mostly for the worse. An equal number say they no longer feel safe and would be more alert (22 percent each), while others cite heightened fears of a bad economy (6 percent), air travel (6 percent) and crowds (3 percent).

For safety's sake

What women now want most is to protect their loved ones from harm. What are they willing to sacrifice for it? Privacy (23 percent) and money (26 percent), but most of all, time (45 percent). If that means standing in lines, so be it: Eighty-eight percent support the installation of metal detectors or X-ray machines in schools, courts and libraries, while 63 percent would like them in public places like shopping malls, theaters, museums and places of worship.

THIS NATIONAL TELEPHONE SURVEY OF 800 AMERICAN WOMEN WAS CONDUCTED BY THE POLLING COMPANY FOR LHJ. THE MARGIN OF ERROR IS PLUS OR MINUS 3.5 PERCENT.



Long lines, long waits: Paying the price for airport security

FROM TOP: AP/WIDE WORLD PHOTOS; DAVID WOODFALL/GETTY IMAGES; AP/WIDE WORLD PHOTOS

Settling the score

It may be true that women tend to be peacemakers, but not with terrorists. In the weeks after the September 11 attacks, most women thought about taking revenge:

- At least once a day: 26%
- A few times a week: 13%
- Once in a while: 26%
- Not at all: 32%



America is great: Patriotic fervor in North Carolina

Frivolity is out . . .

As a result of the recent attacks, 62 percent of women tell LHJ they plan to live a simpler life, spending money more wisely and focusing less on purchases of goods and services. More specifically, 43 percent say they are less likely to treat themselves to little luxuries like a manicure or new cosmetics, while 54 percent say they are less inclined to splurge on jewelry or expensive clothing.

. . . faith is in

Fifty-six percent of women surveyed say the terrorist attacks have deepened their faith in God. A breakdown of the renewed believers:

- Single mothers: 74 percent
- Women aged 65 to 74: 69 percent
- Women who stay at home: 68 percent
- Mothers with children aged 15 to 17: 65 percent

People are also flocking to their local bookstores to bolster their faith. The retail Christian bookstore chains Cokesbury and LifeWay say that since September 11, Bible sales have surged by as much as 15 percent. Zondervan in Grand Rapids, Michigan, one of the largest Bible publishers in the world, has seen a 30 percent increase. Americans have also become much more interested in Islam. Bookstores across the country are selling out of the Koran, the Muslim holy book. Mosques and universities are being flooded with requests for speakers on Islam. A Dallas talk-radio station has set aside time each morning for lessons on the religion, and Oprah Winfrey even aired a show titled "Islam 101."



A Muslim woman in Manhattan

What the future holds



A family pitches in to help

When asked to describe the lasting effects of the September 11 attacks, 41 percent of women say they plan to volunteer to help those in need—and involve their children in those activities. "It's a way of regaining a sense of control," says Peter L. Sheras, Ph.D., a psychology professor at the University of Virginia who specializes in crisis and family issues. "Still, we'll probably see an overall increase in depression," he predicts. But shared pain, he adds, can have a silver lining: "When people have something in common with others, there's a sense of unity."

By Paula Chin

Good things from bad



A resolution for the new year: As we as a nation mourn what we've lost, let's also respect what we've gained

By Melinda Marshall

For my 11-year-old son, The Worrier, last September 11 was Apocalypse. That night at dinner he couldn't eat, he was so consumed with doomsday scenarios. What if there were more terrorists and we didn't find them? What if there were bombs waiting to go off in other buildings? What if we had to go to war?

For my 10-year-old daughter, The Optimist, the events of that day had entirely different implications: "Look at the bright side," I overheard her say to her brother as they brushed their teeth before bed. "We probably won't have school tomorrow—or maybe all this week!"

I'm more like my son than my daughter. But I'm determined, in the coming year, to look at the bright side. For one thing, it's so much more constructive. And there's no denying that there have been some very positive developments since September's tragedy. Just as certain species of flower germinate only after a forest fire, certain kinds of good, it seems, can come only from the ashes of a holocaust.

Consider, for instance, that:

- Entire weeks passed without a single word of breaking news on Jennifer's maybe-pregnancy, Ben's rehab or Mariah's meltdown. Now we're back in the know, of course, but I'm grateful for the hiatus. It was exhausting keeping tabs on these terribly important people.
- Road rage is down. I have no actual statistics to support this observation, but here in the greater New York area, people who used to signal with their finger are now using their blinker. Drivers even allow you to make left-hand turns at busy intersections without stomping on the accelerator.
- Old Glory enjoys new respect. I'm not referring to the 60 million flags waving from car antennae: I'm talking permanent respect. Carrie Kaplan, a tattoo artist in Yonkers, tells me that all kinds of non-biker New Yorkers have been getting flags, eagles, Manhattan skylines and dates emblazoned on their bodies. "I used to do a patriotic design maybe twice a year," she notes. "Since the day after the tragedy, though, the shop has been doing two or three a day."
- We could be witness to the waning days of the frivolous lawsuit. A friend of mine who was on jury duty the afternoon of September 11 said the court didn't have much sympathy for the plaintiff, who'd broken his ankle on a golf course. "Some of the jurors wanted to break his other ankle for wasting our time," she said. Going forward, I predict that women who suffer bad haircuts or men who get pinched on shifting toilet seats will learn to live with their pain.
- Heroes are hip again. Think about it: We late Boomers and Gen-Xers were probably the first generation to grow up on press coverage almost entirely devoid of heroics.

We're reexamining our priorities, **caring for our neighbors**, celebrating real heroes

You'd almost imagine there had been no remarkable human sacrifice for the last 40 years. (Bill Gates doesn't exactly qualify.) Now, at least, our children won't be denied.

- Eminem is off the charts. Off the Top Ten Hip-Hop, off the Top 100 Pop. In fact, in terms of record sales, Eminem trails Enya by millions.
- We're reexamining our priorities. Is it really so important, for instance, to have an assortment of mobile phone covers to color-coordinate with our clothing? I know it's good for our economy to buy all sorts of stuff we don't need or can't use, but I'm kind of heartened to see this change of attitude. An acquaintance of mine who doubled the square footage of her house last year, not because she needed to but because she could afford to, told me she was "almost embarrassed" by it. It's about time. I'd go so far as to say there's been a seismic shift in our sense of entitlement. It's taken 40 years, but more of us are asking not what our country can do for us, but what we can do for our country.
- We are at last that kinder, gentler nation the elder Bush pined for. Congress is more or less getting along. Race relations seem better, now that we have a greater common enemy than each other. Neighbors know one another, even drop in on each other without first seeking authorization through a flurry of phone calls, e-mails or voice messages. Even the greeting "How are you?" has taken on a whole new meaning: We say it with feeling now, and we care what the response is.

It's possible I'm imagining all this. No one has a way of measuring, quantitatively, these qualitative changes. But I can assert unequivocally that I, for one, am a kinder, gentler parent. For instance, I no longer launch my children into the world each morning shrieking, *"You're going to miss the bus if you don't hurry up!"* I hug them. I kiss them. I urge them to have a great day. And I say, when I say goodbye, "Love you!" because I do, and because you never know when you might not get another chance to say it. Each day of health and life and normalcy is a gift. I think the events of last September have made us realize or remember that. I am intensely grateful for all I have, for every day I have it. My resolution, going into 2002, is to stay that way. ■

Making the connection



Putting family first

When the going gets tough, women circle the wagons. Sixty percent of LHJ poll respondents say they now plan to spend more time at home; 39 percent would give up a fifth of their income in order to do so. The groups most likely to spend more time at home include:

- Women who stay at home during the day: 73 percent
- Women between 18 and 29: 71 percent
- Women with children living at home: 68 percent

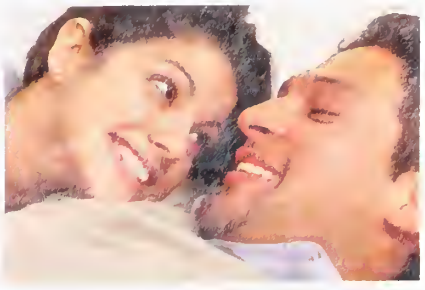
Many are reaching out further than their family circle: 68 percent said they planned to contact a long-lost friend or relative in the near future.

Turning to technology

America has never before been as plugged in when facing a crisis as it is today. AOL posted a record 280 million e-mails on September 25—nearly double that of the same day a year before—and sales of wireless phones have spiked in recent months. Not surprisingly, 37 percent of respondents tell LHJ they are now more likely to rely upon computers, e-mail and cell phones.



Hugs and kisses



Giving and getting affection can be the best medicine. Twenty-three percent of women say that since September 11 they have been more physically intimate with their spouse or significant other.

Cindy's family focus

In a changing world, supermodel Cindy Crawford makes motherhood her top priority

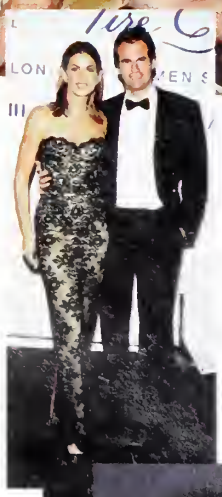
Forget about fashionista black or designer labels. Cindy Crawford would much rather slip into a bright T-shirt and jeans that can take a little rough and tumble. Instead of flights to Paris or Milan for modeling gigs and glitzy parties, Crawford is more likely to spend weekends bicycling along the beach at home in Los Angeles with husband, Rande Gerber, their 2-year-old son, Presley, and new baby daughter, Kaia. In these challenging times, Crawford, like other moms, is keeping her children close.

The terrorist attacks "made me appreciate my life and my kids more and want to spend as much time with my family as possible," she says. "It's also made me think a little bit about what kind of world we are bringing our kids into. In some ways I feel that the kids are the light at the end of the tunnel, and hopefully they can make the world a better place." Crawford is eager to do her part, too: For the star-studded Hollywood telethon 10 days after the September 11 attacks, she packed 3-week-old Kaia into a blanket and went off to take calls and pledges.

Even before the terrorism, Crawford, 35, had decided that family is what matters most. "My sister told me the one thing about having kids is you don't have to figure out your priorities anymore, because you're looking at them," she says. "It's so true." Now the supermodel who has graced more than 400 magazine covers in her career is working harder than ever to build a secure and "normal" life for her children. She recently bought a house near her mother's in Illinois, so that she can spend a few weeks a year there helping Presley and Kaia get better acquainted with their extended family.









Family album: Cindy Crawford (clockwise from above) cradles new baby girl Kaia; out with son Presley; hugs her mom, Jennifer Moluf; all smiles with husband, Rande Gerber

"My mother was visiting me when the tragedy happened, because I'd just had the baby," says Crawford. "Because planes weren't flying, she actually ended up staying longer than she'd planned, which was the only good thing that came out of it. I think it made us talk more." Crawford has also been talking more with her sisters—Chris, 37, in Illinois, and Danielle, 31, in Colorado—as well. "We're just checking in with each other," she says. When she recently flew from Los Angeles to New York, where she spends a couple of weeks at her Manhattan apartment every few months, "My sisters wanted me to call when we got in to make sure our flight was safe."

That focus on family can also be seen in many of Crawford's professional ventures. Her new book, *About Face* (HarperCollins, 2001), a primer that encourages communication between parents and children, featur

illustrations of Presley and other toddlers responding to Mom's engagingly funny and loving faces. She's also become a board member and spokesperson for eStyle, Inc., whose Web site, www.babystyle.com, sells clothes for expectant mothers and infants. "Cindy is very grounded, very family-oriented, has very strong Midwestern values and, of course, has a great sense of style," says Laurie McCartney, eStyle's founder and chief executive. "A lot of celebrities don't resonate with people. Cindy does."

The shift in priorities hasn't been lost on Crawford's mother, Jennifer Moluf, 54. "Cindy's interests have definitely changed," she says. "It's as if she was preparing to be a mother her whole life." Indeed, the losses of Crawford's early years might account for her evolution from supermodel to supermom. Her only brother, Jeffrey, died of leukemia at age 4; three years later, when Cindy was 13, her father left home and her mother began working harder than ever to help support her children. Crawford started modeling in Chicago in her late teens and was earning $1,000 a day when she moved to New York City at age 20; eventually, she was commanding $10,000 a day and millions more from contracts with Pepsi and Revlon (with whom she parted company in 2000 after 11 years). In 1991, at the peak of her high-flying career, she wed actor Richard Gere, but by the mid '90s they had separated and divorced.

Today, as a wife and mother, Crawford at long last feels fulfilled. "It's really great watching the man you love become a father," she says of Gerber, 39, a former model who owns the trendy Los Angeles watering hole SkyBar and other clubs. "One day we were in Malibu, and Sande and Presley were on the beach—I just stood back and watched because it was so wonderful seeing them play." Motherhood has also strengthened the ties between Crawford and *her* mom. "I knew she was great and we were always close, but this definitely makes me appreciate her more," says Crawford. "I'm in a parenting group that gets together once a month to listen to a child-development expert. It has helped me realize how many people didn't have good parenting." Crawford also credits her sisters with helping to boost her confidence in her maternal instincts: "They're both great moms, and I figured whatever rubbed off on them rubbed off on me. Both of them have older kids, and I talk to them about what they're telling them [regarding terrorism] and how much their kids know."

Crawford hasn't told Presley about the events of September 11. "He saw one image the morning it happened, when I was turning on *Sesame Street* for him," she *(continued on page 99)*

Strong mothers in tough times

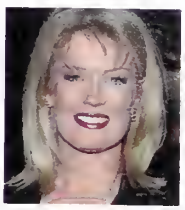
In these days of uncertainty, moms everywhere are strengthening the bonds with their children



"I've become more diligent about getting out of the office promptly, so I can spend as much time with the children and my husband as possible. The one proactive thing I've done is make more of an effort to drag everyone together to play games. I find these game nights a very comforting ritual."
—Deborah Norville, mother of three, ages 4 to 10



"As a mother—and having so many friends who are mothers and fathers—suddenly everyone, children and adults alike, feel so vulnerable. I'm not allowing my ten-year-old [Ellie] to watch TV [reports on terror] because it will only exacerbate her anxiety."
—Katie Couric, mother of two daughters



"Saying prayers is part of our nightly routine now. We include prayers for President Bush and for the children of Afghanistan. My son, AJ, is ten, and he's a smart little guy. I say, 'You know how Darth Vader is the force of evil in *Star Wars*, but Luke Skywalker wins out in the end.' And I say, 'AJ, in this case, too, good is going to win over evil in the world, but it's very difficult at this time.' "—*Mary Hart*



"Today, more than ever, we must hug our children close, tell them we love them and help them deal with an ever more confusing world."
—Libby Pataki, wife of New York Governor George Pataki, and mother of four, ranging in age from 13 to 22

"A few days after the attack, I decided to take my twelve- and ten-year-old sons into New York City to see Union Square Park, which had become a gathering place covered with pictures of the missing. I thought the experience would be too overwhelming for my daughter, Lily, who is eight, but she insisted on joining us. 'That way I'll know what the missing people look like,' she said, 'and if I see one, I can call the family.' From that point on I realized the best way to deal with my kids during this difficult time was to take my cue from them."
—Meredith Vieira



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The myth of willpower



Despite what we've been told, successful dieting has nothing to do with mind over matter. Here, what really does work

One of the best presents you can give yourself in the New Year is a break from diet-related guilt. Here's why: Your inability to resist "just one more" donut or piece of pizza isn't due to any lack of willpower. "People think they can make a resolution, and then just resolve to 'make it happen,'" says Charles Platkin, author of *Breaking the Pattern* (Red Mill Press, 2002). "In fact, it's nearly impossible to effect real and lasting change in your diet through the sheer force of your will."

The truth is, dieters who rely on willpower are setting themselves up for failure. "We think we *should* be able to stop thinking about that piece of cake, but for most of us, it isn't that easy," says Daniel M. Wegner, Ph.D., a professor of psychology at Harvard University. "When we fail, we start to believe there's something wrong with us." Instead of thinking of willpower as "some internal entity you can turn on and off," says Michael Lowe, Ph.D., a psychology professor at MCP-Hahnemann University in Philadelphia, people should learn to recognize the role played by external factors—the friend who says, 'Oh, come on, it's a party, dig in!'—and then have a plan for how to handle them.

The idea is to have this strategy planned in advance. "This will significantly improve the probability of your success," says Platkin. For example, you could tell your friend ahead of time that you're starting a diet and would like her help. That way she'd be less likely to hold up a cream puff to tempt you. Or, you could eat a healthful dinner before you head out, so by the time you get to the party you're simply not hungry. Or volunteer to bring a dish to the party that's low-cal but delicious.

Of course, you could also plan to go to that party and do a little celebratory noshing. The most successful dieters allow themselves occasional indulgences—they think of it as a reward for all their careful planning the rest of the time. —*Mary Jane Fine*

Weight-loss tips that work

Forget willpower. Instead try these strategies to help reach your goal:

- **Don't start your diet until you've worked out the details**—filled the fridge with healthy foods, told your husband he's not allowed to bring ice cream home for a month, enlisted friends for support.
- **Expect screw-ups. Giving in to temptation isn't proof of your weakness**—it's *normal*. Forgive yourself and start fresh tomorrow.
- **Reward yourself. Whether it's a new pair of shoes or a manicure,** there's nothing like a little incentive to keep you going.

Antioxidants

Too much of a good thing?

Thanks to good press, antioxidant supplements are big sellers. The problem is, most pills are packed with much more of the vitamin than the American Dietary Association recommends. The facts to help you exercise caution:

ANTIOXIDANT (CLAIM)	AVERAGE SUPPLEMENT VS. ADA RECOMMENDATION (PER DAY)	OVERUSE CAN CAUSE
Vitamin A (nourishes skin cells, aids night vision)	10,000 I.U. **VS.** 5,000 I.U.	Dry, itchy skin, fatigue, hair loss and liver damage. Can also cause severe birth defects in pregnant women.
Vitamin C (prevents cancer and fights off colds and flu)	500+ mg **VS.** 75 mg	Very high doses over the long term can cause kidney stones and internal bleeding.
Vitamin E (prevents heart disease and some cancers, defends skin against wrinkles)	100+ mg **VS.** 15 mg	Long-term overuse (more than 1,000 mg per day) can cause bleeding problems.
Selenium (prevents prostate cancer, builds healthy heart tissue)	200+ mcg **VS.** 55 mcg	Taking more than 400 mcg per day can lead to hair and nail loss, fatigue and damage to the nervous system.

—Meredith Franco

New blood tests that could save your life



Doctors have long used the cholesterol test to measure risk of heart disease. But an estimated 50 percent of people who suffer a heart attack have normal or near-normal cholesterol levels. While cholesterol tests are still recommended, here are three new blood tests doctors have to evaluate heart health, according to Richard Karas, M.D., Ph.D., director of The Women's Heart Center at New England Medical Center, in Boston. None are offered routinely, but you may want to discuss them with your physician.

Homocysteine test: Measures homocysteine, an amino acid released into the blood from body tissues. Studies suggest that high blood levels of homocysteine may greatly increase the risk of heart disease.

High-Sensitivity C-Reactive Protein (hs-CRP) test: Measures levels of a protein that scientists believe is present when arteries have been damaged by plaque buildup.

Lipoprotein (a) test: Measures Lipoprotein (a), a cholesterol-like particle in the blood that may cause hardening of the arteries. *—Marisa Sandora*

body briefs

Sugar linked to breast cancer



There may be another good reason to reign in your sweet tooth: Preliminary research from the National Cancer Institute suggests that women who eat sugary snacks more than three times a week have a higher risk of developing premenopausal breast cancer. Theory: Sugar increases insulin levels, which in turn could spur the growth of cancer cells. More research is under way.

The new baby blues

While postpartum depression has long been a subject of study, researchers are now finding they may need to be concerned about a woman's mental health *before* the baby arrives. British scientists questioned 14,000 women and found that 13.5 percent were depressed at 32 weeks of pregnancy, while only 9.1 percent were depressed eight weeks after childbirth.



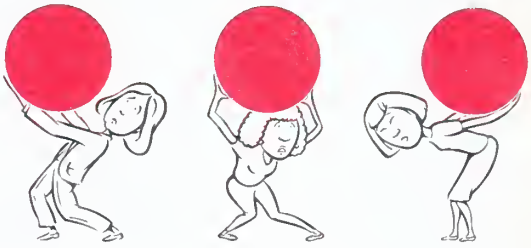
Breathing easy?

Women who use inhaled steroids to treat asthma may be at increased risk for osteoporosis. A study in *The New England Journal of Medicine* links regular use of the inhalants—which are among the most effective and safest asthma treatments—to bone loss in the hip. If you use inhaled steroids, ask your doctor about precautions you can take.

—Dominique Andrew

Heavy Periods

n Control Your Life





Or You Can Control Them

A simple 30-minute treatment can relieve the problem of difficult-to-manage, heavy periods

Menorrhagia (men-or-ah-jza) is defined as excessive menstrual bleeding. More than 1 in 5 women around the world suffer with it. Yet, half of the women in the United States who experience menorrhagia don't seek treatment. Perhaps that's because they don't know about a simple treatment that has been proven to reduce their menstrual flow by 86% on average.

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20 last-minute ways to catch the holiday spirit

Been focusing too much on your to-do list? Here's how to get an instant dose of holiday cheer By Jennifer Hoppe

1. Start a tradition: Buy an ornament that symbolizes something good that's happened this year, such as your family moving into a new home or adopting a pet.

2. Pile the kids in the car and go for a Christmas-lights tour. Drive until you find a house with bulbs glowing from every conceivable edge, corner and tree limb—doesn't every neighborhood have one?

3. Loved that scarf you bought for Aunt Matilda? Purchase one for yourself, too, wrap it up and place it under the tree. Say "Santa" when your family asks who it's from.



8. Hang mistletoe—and stand under it often.

4. Create a photo album of Christmases past. Ask your mom to contribute old black-and-whites from your childhood.

5. Have your kids pick a different Christmas carol each night, and sing it together before they go to bed.

6. Substitute cocoa for your morning coffee. Don't forget to stir it with a candy cane.

9. Cross a few names off your Christmas-card list. Call some old friends or relatives you won't see this season and catch up instead.

10. Be bold and get your picture taken with a mall Santa.

11. Don't wait for the big day to set a holiday table. Use your Santa mugs for weekend breakfasts. Serve spaghetti on snowman plates.



7. Make a small batch of your favorite cookies and hide them from the kids. When they're busy dreaming of sugarplums, dig in.

12. Offer to give your older tweens or teens a holiday stipend for wrapping the family's gifts (minus theirs, of course). Tell them only the tight-lipped need apply for the job.

13. Haven't had much time to admire your tree? Place miniature ones in the rooms you spend the most time in, like your bedroom and kitchen.

14. Hang a stocking for yourself and ask your husband to fill it. Do the same for him. Give him bonus points if he stuffs it with quirky or unconventional items.

15. Tune in to your favorite holiday movie—even if it's your 47th viewing. With hundreds of cable channels, it's sure to be playing.

16. Make a snow angel in the driveway after work.

17. Jingle all the way: Pin a bell to your coat lapel or purse strap.

18. Don't limit festive clothing to holiday parties. Pair a sparkly sweater with jeans for a trip to the mall or wear your velvet skirt to work.

19. If a black-tie bash isn't on your New Year's Eve itinerary, make it a true family night. Purchase a new board game or two and watch old home movies or videos.

20. Escape the holiday rush by going to a non-holiday themed movie or visiting an art gallery. You'll enjoy the cheer more after the break. ■



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Take off your shoes in the house

. . . and five other surprising health moves to make right now By Donna Christiano

Quit smoking. Exercise more. Swap fatty foods for fruits and vegetables. You've been hearing these same health credos for decades, but not everything you can do to live better and longer gets a lot of attention—or takes a lot of effort. We investigated and came up with these little-known, easy-to-implement health moves. Start reaping the benefits today.

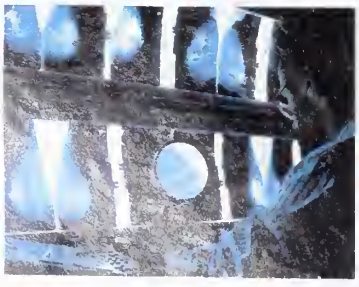
1 Lose the shoes when you step inside.

If you take off your shoes before entering your house, you'll keep your floors from becoming contaminated with lawn chemicals like pesticides, herbicides and fungus killers. "It's a good idea to take practical steps to reduce your exposure to these chemicals," says David Deegan, an Environmental Protection Agency spokesperson and pesticide specialist. That means staying off treated lawn areas for 24 hours and going shoeless inside all the time, especially if you have carpets. "Carpeting acts as a chemical sink," says Kathleen Parrott, Ph.D., a professor of housing at Virginia Tech, in Blacksburg, Virginia. "It absorbs things. And while chemicals may be safe when used as directed outside, they might build up to unsafe levels when tracked in the house."

For the same reason, don't forget to wipe pets' feet before you allow them into the house.

2 Get a second opinion on your mammogram.

Recent research from the University of Vermont College of Medicine, in Burlington, shows that when mammograms are "second read" by another radiologist, cancer detection increases nearly 8 percent. "Mammography technology is not perfect, nor is mammogram interpretation," says researcher and radiologist Susan C. Harvey, M.D. "A mammogram that's double read helps identify cancer, no doubt." A few caveats: Not every breast-imaging facility is adequately staffed to provide second-read mammograms, and the ones that are may charge extra for the service.



3 Don't handle your dog's chews.

Fido may love meat-based pet chews like pigs' ears and cows' hooves, but be careful: These products can carry salmonella, a bacteria that usually doesn't affect our canine friends but can cause serious illness in humans. The way these chews are processed and packaged may not completely eliminate the salmonella that can live on a pig's skin or cow's hide, says Gloria Dunnavan, director of the division of compliance at the FDA's Center for Veterinary Medicine. You don't have to deny your dog his treats, just be cautious. Buy packaged dog chews, not the kind sold in bulk bins, to limit how much you have to handle them. "At home, don't leave these products anywhere near where you prepare foods," says Dunnavan. "After you or your children give them to the dog, make sure you wash your hands."



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4 Take medication only with water.

Think a glass of juice is a healthy way to wash down some pills? Think again. "Grapefruit juice, for example, increases the rate at which some medications are absorbed by the gastrointestinal tract, thereby altering their effect," says Michael Mancano, Pharm.D., an associate professor of clinical pharmacy practice at Temple University School of Pharmacy, in Philadelphia. A ease in point: Taken with grapefruit juice, certain calcium channel blockers, a class of drugs used to treat hypertension, can lower blood pressu more dramatically than normal, resulting in an increase in heart rate and dizziness, says Mancano



Seemingly harmless milk isn't a good choice, either. "It can interact with a number of drugs, including antibiotics like tetracycline, binding with them in the gastrointestinal tract and decreasing their effectiveness."

5 Don't use a damp plate at the salad bar.

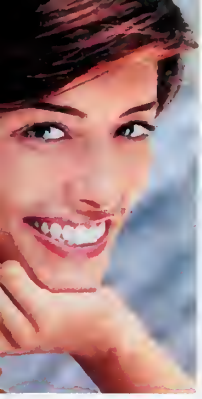
And make sure your dishes are dry before you stack them at home. According to research published in *The Journal of the American Dietet Association*, the "wet-nesting" of dishes can allow bacteria to grow, increasin your chance of illness. "Dishwashing kills most bacteria, but not all of it," say study co-author Dorothy Hagan, Ph.D., R.D., an associate professor of medic and director of the dietetic internship program at Oregon Health and Science University, in Portland. "The bacteria that are left can flourish when a plate s in a warm, moist environment—the kind you've created when you stack dish wet." Although the study didn't focus on the types of bacteria on the plates a whether they could make people sick, "The potential is there," says Hagan. T best way to dry dishes is in your dishwasher. "If you wash by hand, use soap, hot water and let your dishes dry on the rack," she says. "If you must towel d make sure the towel is clean."

6 Hands off the pet hamster if you're pregnant.

According to a study published in a recent issue of *Clinical Infectious Diseases*, pet hamsters and mice can carry lymphocytic choriomeningitis virus (LCMV), which causes severe birth defects in human fetuses. To date, more than 49 infants worldwide have contracted the virus in utero, suffering blindness, mental retardation and cerebral palsy as a result. While the number of children infected isn't dramatic, experts warn this may be the tip of the iceberg. "We don't know with certainty how many infants have been infected because we don't routinely test for LCMV as a possible cause of congenital blindness or retardation," says study author Leslie



Barton, M.D., a professor of ped at the University of Arizona Col of Medicine, in Tucson. Because LCMV is spread in hamster and mouse urine, feces, saliva and of bodily secretions—tiny droplets which can be inhaled if they bec airborne—Barton strongly sugg pregnant women have someone feed the animal and clean out it Better yet, give the pet away. ■



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Sleepless in

It's the new health crisis: Seventy million adults now suffer from sleep deprivation. Are you one of the walking weary? Here's how sleeplessness may be wreaking havoc on your health By Michael J. Weiss

Lisa Ragain, 33, knows the telltale signs of sleep deprivation—dark circles under her eyes and a short temper with her family. She tries to get by on five hours a night while caring for her husband and two sons, taking a professional course once a week and working as an environmental researcher in Washington, D.C. But by Friday evening, she's usually so tired that she conks out within moments of putting her kids to bed at 8 P.M. "I know I'd be a better parent if I had more sleep," says Ragain. "But there just aren't enough hours in the day to get everything done."

Call it the Silent Epidemic. Some 70 million people—43 percent of the adult population—suffer from sleep deprivation. The average American, in fact, amasses a sleep debt of 338 hours, or roughly two weeks every year. Exhausted employees cost an estimated $107 billion annually from decreased productivity, mishaps and illness, and drowsy drivers cause some 100,000 accidents each year.

In the months since the September 11 terrorist attacks, a growing number of people have reported that they're too anxious to sleep. Nationally, new prescriptions for antianxiety medications jumped 8.6 percent, and prescriptions for sleeping pills rose 7.5 percent.

"Sleep deprivation has become a major crisis," says James B. Maas, Ph.D., a sleep researcher and psychology professor at Cornell University, in Ithaca, New York. "Many of us think it's normal to be tired all the time. Sleep is perceived as a luxury, not a necessity."

While experts recommend eight hours of sleep a night—and nine to 11 hours for children—nearly two thirds of Americans get less than that, according to the National Sleep Foundation (NSF), in Washington, D.C. Women fare the worst, averaging barely six and a half hours of rest a night; new mothers lose up to 700 hours of sleep the first year alone. Women's sleep cycles are further disrupted by the hormonal surges caused by menstruation, childbirth and menopause. "Women are probably the most sleep-deprived creatures on earth," says Joyce Walsleben, Ph.D., director of the Sleep Disorders Center at New York University School of Medicine, in New York City.

What's keeping us up? AOL and Letterman. Round-the-clock news coverage. Twenty-four-hour supermarkets. But work may be one of the biggest culprits. As companies downsize to cope with economic uncertainty, more employees are working longer hours. When they're crunched for time, "Where do people cheat? They cheat on their sleep," says Maas, who is the author of *Power Sleep* (HarperCollins, 1999). "If we operated machinery like we treat the human body, we'd be accused of reckless endangerment."



America

The sleep-disease connection

Scientists are finding that sleep is as essential to long life as a healthy diet and regular exercise. Sleep-deprived people face an accelerated aging process and are at a greater risk for everything from stomach ulcers to heart attacks. A 1999 study at the University of Chicago found that chronic short sleepers produce fewer hormones to regulate the craving for carbohydrates and the proportion of fat to muscle. Translation: Lack of sleep can lead to thicker waistlines. Scientists also have discovered a link between sleep deprivation and breast cancer. According to a report by the University of Connecticut Health Center, in Farmington, excessive exposure to light during the evening decreases the amount of melatonin in the blood, allowing cancer-causing estrogen levels to rise.

The immediate consequences are also alarming. One study found that people in their 30s and 40s who slept five hours a night had a reaction time that was as much as 50 percent slower than those who are legally drunk. The tragic impact of such fatigue plays out every day on America's highways. Seventeen percent of Americans fall asleep at the wheel every year, resulting in some 1,500 deaths and 40,000 injuries, according to the National Highway Traffic Safety Administration.

On a December morning two years ago, Melissa Cullen, now 39, of Salisbury, Maryland, was riding with her father in his Volvo sedan when they were hit head-on. The driver, a woman who'd just finished the night shift at a plastics factory, had fallen asleep. The collision killed Cullen's 74-year-old father and left her with permanent eye damage and a shattered nose, shoulder and ankle. She has undergone six operations and faces additional reconstructive surgery. The other motorist, who suffered less serious injuries, was charged with "inattentive driving," fined $150 and given two points on her driver's license. "Her license should have been revoked," says Cullen, who still has terrifying flashbacks. "Drowsy drivers are just as bad as drunken drivers."

Drivers' education programs rarely emphasize the hazards of weariness at the wheel, though motorists under 26 are most responsible for such crashes. Rusty Burris was 18 when he fell asleep at the wheel in *(continued)*

Seven secrets for sound sleep

Many Americans go through life weary because of bad sleep habits, says Joyce Walsleben, M.D. "The good news is that you can break them and make new ones." Here's how:

1. **Make sleep a priority.** Spend at least eight hours in bed each night to determine how much sleep you really need. Most people will sleep all eight hours, says Walsleben.
2. **Go to bed and wake up at the same hour**—even on weekends—to keep your internal body clock on schedule.
3. **Develop sleep cues.** Make your bedroom dark and quiet. Try relaxation strategies like yoga, meditation or visualization (imagine yourself placing your worries in a bag outside the door, for instance).
4. **Avoid caffeine, cigarettes, alcohol and exercise close to bedtime.**
5. **When snacking at night**, stick to foods rich in tryptophan (dairy products, bananas, turkey), an amino acid that aids sleep.
6. **When possible, nap for less than 20 minutes**, which will refresh you as much as an hour of sleep.
7. **Be wary of sleeping pills.** If you must take them, opt for low-dose pills that work over a short period (such as Ambien or Sonata) to avoid drowsiness the next day. As for alternative remedies, such as melatonin, experts say there is not enough research to prove their effectiveness.

(continued) Columbia, Missouri, after studying all night and spending the next day at his girlfriend's family reunion. His Honda Civic plowed into an embankment, leaving him a paraplegic. Now 29, Burris gives speeches to schoolchildren about the lethal mix of youth, driving and fatigue. "Parents need to take the car keys away from kids if they're not getting enough sleep," he says. "And that includes most teens."

Risky business

Fortunately, government regulations bar truckers from driving more than 10 consecutive hours and airline pilots from flying more than eight hours a day. Doctors, however, have no such restrictions. According to a landmark 1999 report by the Institute of Medicine, in Washington, D.C., such errors contribute to the deaths of some 98,000 patients each year. Ruth Potee, M.D., a 32-year-old resident at Boston Medical Center, knows the consequences of working 110 hours a week. "You feel drunk after being up for twenty-four hours," says Potee, who concedes she's prescribed the wrong medication in the fog of fatigue (her mistake was caught by a pharmacist). "What's amazing is that more people aren't hurt," she says.

A 1998 study of New York hospitals found that 37 percent of residents worked more than 85 hours a week; among surgical residents, 60 percent logged more than 95 hours weekly. The state has passed a law limiting the number of hours that residents can work—still a whopping 80 hours per week—but critics charge that it isn't strictly enforced.

Such grueling schedules can also be risky for doctors themselves. Two years ago, Risa Moriarity, M.D., quit a surgical residency program at Johns Hopkins Medical Hospital, in Baltimore, when she fell asleep at the wheel after working 40 hours straight, sustaining minor injuries. Today, Moriarity, 33, gets eight hours of sleep each night as the content chief of HealthCite.com, and she speaks out against the militaristic culture that turns medical training into a kind of hazing. "The older doctors feel that overtime hours are a rite of passage," she says. "But what we're doing could be just as lethal as flying a plane while sleep deprived."

To be sure, not all sleeplessness is voluntary. Some 40 million Americans suffer from insomnia and narcolepsy, a condition characterized by sudden attacks of deep sleep. In the next five years, researchers predict that they'll unlock the genetic code to sleep behavior and disorders. Already, Stanford researchers have announced they've identified the gene linked to narcolepsy. In the meantime, public and private groups are working to raise awareness of sleep issues. Last spring, the consumer lobby group Public Citizen joined several medical student organizations in petitioning the Occupational Safety and Health Administration to develop work-hour limits for medical residents; a similar proposal was introduced in Congress last summer.

Advocates hope that by spreading the word about the tragic consequences of sleep deprivation, people may finally do something about it—even if it's as simple as going to bed on time. But for most, even that solution remains elusive. As Lisa Ragal puts it: "I don't even remember what it's like to feel completely rested." ■

Michael J. Weiss is a contributing editor of Ladies' Home Journal.

The dangers of sleep debt

The less sleep you get, the greater the health risks

Amount of sleep	What it could do to you
8 hours	Refreshed mood, alert, peak physical performance
7 hours	Moody, occasional trouble concentrating, reduced short-term memory, some drowsiness while driving
6 hours	Testy, irritable, poor decision-making, weight gain, reduced immunity, impaired motor skills
5 hours	Depressed mood, 50 percent slower reaction time, stressed out, greater chance of heart and stomach ailments, physical performance akin to someone legally drunk
4 hours	Extremely irritable, exhaustion, higher risk for ulcers, diabetes, heart attack and obesity; dangerous to self and others on the job and while driving

Sources: Sleep researcher James B. Maas, Ph.D., and Mark Rosekind, former president of NASA's Fatigue Countermeasures Program

How to find more time for sleep

- **Avoid late-night TV.** If your favorite actor is on Leno or Letterman, tape it to watch the next day.
- **Take a power nap if you can.** Skip the mocha grande break or the leisurely lunch at work. Shut your door and catch some sleep at your desk.
- **Keep work out of the bedroom.** You'll be more alert at the office if you skip the late-night shift in bed with your briefcase.
- **Go to bed earlier.** Cornell researcher James B. Maas, Ph.D., says that well-rested people get more done in less time.

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d on the results of the National Drug and Therapeutic Index syndicated report among physicians who recommend a branded glucosamine supplement, March 2001 for Osteo Bi-Flex dietary supplements, glucosamine (1500 mg) and chondroitin (1200 mg).

"We brought home

Kathleen and Charity Lincoln were born conjoined—attached from chest to pelvis. It took a medical team of 30, two brave parents and one risky operation to give them the greatest gift of all By Kathryn Casey

"Catch one, Charity! Catch one, Kathleen!" Vaneice Lincoln calls to her 2-year-old twin daughters, as she blows bubbles into the air.

The girls head in opposite directions, Charity chasing a cloud of bubbles, as Kathleen zeros in on one in particular. She almost catches it, but an air current steals it away.

What seems like a typical family play session is actually anything but. Charity and Kathleen were born conjoined, attached from chest to pelvis. Little more than a year ago, surgery was performed to separate them.



The twins were separated in a grueling 31-hour operation. Today, they are "right on target socially and cognitively," says their mother

"If we could have drawn the perfect scenario, we would have given birth to two separate, perfectly formed little girls," says Vaneice, 31, her eyes clouded with tears. "We didn't get the miracle we prayed for, but we got a miracle just the same."

A parent's worst nightmare

The twins sit in booster chairs in the kitchen of the family's split-level home in Olympia, Washington. Charity eats a bowl of blackberries, while Kathleen delights in squashing hers and finger-painting the countertop purple. The Lincolns' three older children—Mikayla, 10, Troy, 7 and Annelise, 4—play outside.

The twins' booster chairs are lined with special cushions to help them sit up straight. Each of the girls is missing a hip and a leg—a necessary result of the operation to separate them. At birth, the twins shared much of their lower bodies, including internal organs and a fused leg. "When I first saw them, it looked like Charity was growing out of Kathleen's side," says Greg, 33, an accountant. "Our dream of having them separated . . . just seemed impossible."

Vaneice discovered she was pregnant in the summer of 1999. During an ultrasound in her gynecologist's office, she realized there was a problem when the doctor suddenly grew quiet.

"What's wrong?" Vaneice asked.

"I think your twins are conjoined," the doctor replied.

That evening Vaneice told Greg, "I have some good news and some bad news. The good news is that we're having twins. The bad news is that the doctor thinks they may be conjoined."

"I just dismissed it," says Greg. "It couldn't be."

Conjoined twins are rare, occurring in only one in 50,000 to 100,000 births. Certain the doctor's fears were simply a mistake, the Lincolns tried not to worry. Three weeks later, they met with a specialist in high-risk pregnancies. The specialist told them that the babies did appear to be conjoined, but he was unable to determine the extent of the problem. "We thought, Maybe it's not that bad," recalls Greg.

Deeply religious, the *(continued*

two miracles"





"Someday we'll tell the girls about the people who were touched by their story," says Greg. Center photo: Charity and Kathleen are now using walkers and will someday graduate to crutches. Right: With their doting siblings Annelise, Mikayla and Troy

(continued) Lincolns did what they always do when facing adversity. "We prayed," says Vaneice.

"For a miracle," adds Greg.

Two days before Christmas, Vaneice and Greg met with another specialist at the Children's Hospital and Regional Medical Center, in Seattle. After an ultrasound, the gynecologist delivered the bad news: There had been no miracle. Their twin girls were indeed conjoined. He explained that while no one knows for sure, experts believe that conjoined twins result when an egg fails to completely split, or splits then partially reattaches. Seventy-five percent of conjoined twins are stillborn or die within the first day.

"It was devastating," says Greg.

Later that day, the Lincolns met with John Waldhausen, M.D., a pediatric surgeon. If their daughters survived, he would judge whether they were candidates for separation. Waldhausen showed Greg and Vaneice a drawing of Ischiopagus tripus twins, joined from the breastbone to the pelvis, each with one leg of her own and a third, shared leg. Such twins are among the most difficult to separate, as they often share vital organs. "I believe that's the way your girls are conjoined," he said.

As they stared at the picture, Greg and Vaneice felt ill. "That was the first time we really came to grips with the situation," says Greg.

The couple cried on the drive home. Once there, they sat down with their three children. "We told them the twins might be stuck together," says Vaneice. "That they would probably miscarry or die shortly after birth."

In the weeks that followed, Greg and Vaneice looked up information on conjoined twins on the Internet.

> "We told the doctor we wouldn't sacrifice one twin for the other. If he couldn't separate them, we'd leave them as they were"

Those unable to be separated were forced to live their lives bound together. Some survived birth, only to have one thrive while the other wasted away, jeopardizing both lives. Traumatized parents and doctors faced the quandary of deciding whether the weak twin should be sacrificed for the survival of the stronger. "You'd have to have the wisdom of Solomon to make that kind of a decision," says Greg, who found himself struggling with his faith. "I wasn't blaming God. I was wondering why."

At night, he and Vaneice often lay in bed and cried. Despite the support of their families and friends, they felt alone in their tragedy. Vaneice rarely confided in anyone besides Greg. "He was the only one who really understood," she says.

Many of their days were spent at the hospital. Using CAT scans, MRIs and ultrasounds, doctors attempted to determine which organs the girls shared. On the positive side, they had individual brains and hearts. However, their livers were fused together, and they shared kidneys and intestines.

When they considered what to do if their babies couldn't be separated, Vaneice and Greg came to a decision. "We felt that if God was going to bring conjoined twins into the world, we were glad he gave them to us," says Vaneice. "And that we would love them and do all we could to give them good lives."

By the time physicians made plans for the twins' delivery at 37½ weeks, the babies' weight totaled just over 13 pounds. The pregnancy had gone so well that when Vaneice entered the hospital on February 21, she and Greg couldn't help but hope that the doctors were wrong about the severity of their daughters' condition.

In the operating room, Greg sat beside Vaneice as doctors performed a cesarean. The couple heard the babies cry, but nurses whisked them away

evaluated by Waldhausen and his colleagues. Finally a se told them the girls were fine and that Greg could see new daughters. When he returned, his face was ashen.

Is it like the doctors said, like the picture?" asked neice.

Yes," he told her. "It's bad."

It was shocking to look at them," says Greg now, ting tears.

ecial needs

neice first saw her girls when a nurse brought them to , wrapped in a blanket. "They were beautiful," she s. But later that night, in the hospital nursery, she ex- ned them. With the exception of their third, fused leg, girls' bodies appeared to join into one. "I wondered v we would care for them, how doctors could ever sep- e them," she says.

or days, Vaneice and Greg virtually lived at the hospi- watching over their babies and being schooled in their e. Emotionally, they found it hard to cope. "I never got d to looking at the girls," admits Greg.

You'd see them from the back, and it was . . . shock- " adds Vaneice.

o the couple's relief, when their older children came he hospital to meet their new siblings, they had no ms about accepting them. Says Mikayla, "I felt happy they were born healthy and kind of sad since they e conjoined. And I thought they were really cute."

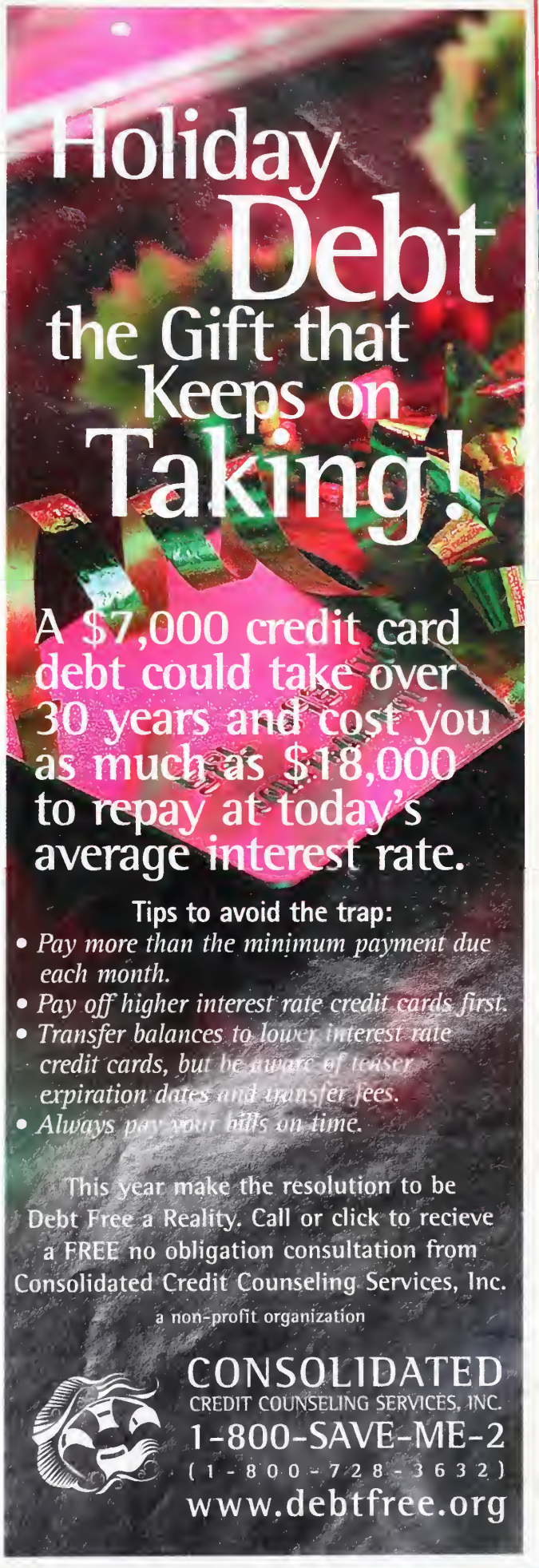
en days after they were born, Charity and Kathleen went e. Physical therapists counseled Greg and Vaneice on to build up the girls' muscle strength. Without inter- ion, the twins would favor the arm and hand away each other, and lose strength in the side where they conjoined. Meanwhile, Waldhausen continued testing to decide whether he would be able to operate.

ie prospects, he told Greg and Vaneice, looked good. babies were healthy and strong. They had many of the ns they'd need. To grow more skin for the reconstruc- hase of the operation, the doctors inserted balloon- xpanders under the babies' skin, which Vaneice and gradually filled with liquid.

ne only guideline we gave Dr. Waldhausen was that we dn't sacrifice one girl for the other," says Greg. "If he n't separate them, we would leave them as they were."

they grew older, the twins began to develop two dis- personalities. Kathleen, the laid-back one, was more nt. Charity could be aggressive and curious. The y nicknamed her The Pacifier Bandit for mis- ously plucking Kathleen's pacifier out of her mouth.

xious to protect their daughters from scrutiny, the ns told only their families, close friends and Greg's rkers about the girls' condition. "Even our neigh- idn't know," says Vaneice. With the *(continued)*



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exceptions of church and doctor appointments, they rare ventured out in public. But one afternoon, a trip through McDonald's drive-through made them question the me sage they were sending their older children. When Tr asked why they weren't going inside to eat, Mikayla to him, "It's because of the babies."

Stung, Vaneice and Greg later talked over the situatio "We decided we wouldn't make a spectacle of ourselv but we weren't going to act like we were in hiding," sa Vaneice. "We weren't ashamed of our girls."

Meanwhile, Waldhausen prepared for what would be grueling operation. The doctor cautioned the Lincolns th there was a 15 percent possibility that one or both of t girls might die."We felt that was reasonable for somethi with such a big payoff, if it worked," says Greg.

A matter of life or death

On September 30, when they were 7 months old, the twi were wheeled into the operating room at Seattle Children Hospital, where Waldhausen waited with a crew 30 doctors, nurses and technicians. For many, it would the most difficult operation of their careers. "This surge is the most complex we would do," says Waldhausen.

There were still many unanswered questions about organs the girls shared. Would there be enough liver t ducts and small intestine for both of them? If not, the d tors would have to stop the operation. "We'd prepa ourselves," says Vaneice. "We knew we might take th home the way we brought them."

Three hours into the operation, the Lincolns recei good news. The nurse assigned to keep the family pos gave them a hearty thumbs-up. "Everything's a go," nurse said.

As he operated, Waldhausen encountered anoma he'd never before seen. Charity's internal organs we mirror image of Kathleen's—everything, including heart, was on the opposite side. When doctors separ the two kidneys, giving each girl one, they unexpect encountered two more farther back in their abdomen. after the surgeons had split the uterus and reproductiv gans, giving half to each child, they found a complete ond set. Parts of the new organs were used to aug what the surgeons had already given each twin.

In the waiting room, Vaneice and Greg grew excited with each report from the OR. "We couldn't for the next update," remembers Vaneice. "Every just kept going so well."

Finally, 24 hours into the operation, the nurse em with the news they'd been waiting for. "They gir separate," she said. "And they're each being taken erating rooms for reconstruction."

A cheer went up in the waiting room. Greg and ice hugged each other and cried. "We knew they

ng to make it," says Vaneice.
Twenty-nine hours after the twins
been wheeled into the OR, Charity
s taken to the neonatal intensive care
t. Peering down at their daughter,
o was unconscious and on a ventila-
Greg and Vaneice saw Charity for
first time on her own. "She was in
own bassinette," says Vaneice.
nd she looked really good."
Two hours later, Kathleen followed.
hough weaker due to lung compli-
ions during surgery, she'd come
ough the procedure well.
A few days later, Vaneice and Greg
od together, each holding one of the
ns. "That's your sister over there,"
g told Kathleen.
That's when Vaneice says she first
lized, "This was really happening."

ealthy and happy

day, the twins love adventure, climb-
on every table and chair in the
use. "Socially and cognitively,
're right on target," says Vaneice.
ey're feeding baby dolls with bot-
and calling each other by name."
And despite their months joined together, Vaneice says they don't appear to have noticed a difference in their situation, and have suffered no separation anxiety. "They actually notice each other more now," she says. "They play peek-a-boo and hug and kiss each other. It's really cute."

There have been a few setbacks. The twins have been admitted to the hospital three times since their release in October 2000—twice because of a virus that caused them both to become dehydrated and develop seizures. With less small intestine than most children, this will be a recurring problem, says Greg. "They just don't absorb fluids as well as most people do."

Charity has had plastic surgery at the site of her incisions and may need more. "They were all minor procedures," says Vaneice. "But after thirty-one hours, I guess most things would seem minor."

For Charity, however, there are special concerns ahead. Because of the way she developed in the womb, pressed against her sister's side, her chest bulges, she's missing one rib and she suffers from scoliosis, a curvature of the spine. She is using a brace and will likely require an operation to fuse her vertebrae to prevent further curvature.

Still, that hasn't slowed her down. In physical therapy, both girls are learning to use a walker and will eventually graduate to crutches. Unfortunately, they may never be able to use artificial legs. Since they're missing a hip, they have no means of controlling a prosthesis. "We've been told that most people with this handicap don't use one," says Vaneice.

The Lincolns have already decided what they'll tell the girls when they someday ask why their life began so differently than other children's. "We'll tell them that they just came in a different packaging," says Vaneice.

"We'll tell them about all the people who prayed for them, and all those who were touched by their story," adds Greg. "We brought two miracles home from the hospital." ■

Kathryn Casey is a contributing editor of Ladies' Home Journal.



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Your all-in-one 2002 planner

Last year: a blur of stress and crazy rushing. This year: a cloud of calm. If you're like most of us with kids, a job and a husband, this probably sounds like an impossible dream.

But it's not—and we put together this clip-and-save guide to the new year to prove it. Uncomplicating your life begins with getting organized, and our **2002 Calendar** is already filled in with important dates, as well as reminders for just about everything that needs to get done. Also included: strategies to help you control clutter, tame chaos and more. Altogether, these tips and ideas add up to fewer headaches, more household harmony, not to mention more time for you.

ALSO INSIDE:

Back-to-basics beauty **page 70**





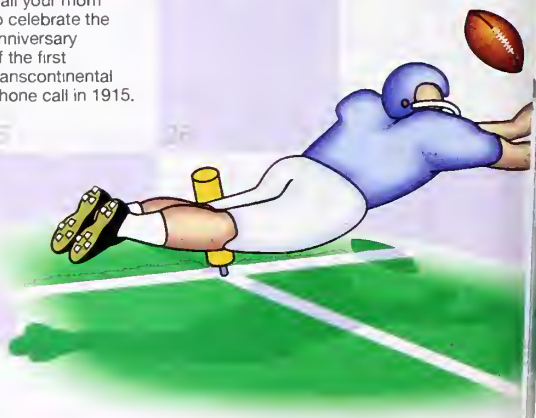
Fashion: 10 easy pieces **page 66**



Twice the workout, half the time **page 74**



2002 planner january

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	New Year's Day Resolve to have more fun!	Transfer birthdays and special events to new calendar.	Make an appointment with a financial planner to discuss debt pay-off strategies and long-term financial goals.		Write thank-you notes for holiday gifts.	Epiphany; take Christmas tree down, and pack and store holiday decorations.
	Elvis Presley's birthday. Shop for blue suede shoes. (So what if you come home with sleek black boots?)			Amelia Earhart started her solo flight across the Pacific on this date in 1935. Do something bold in her memory.	Hit the post-holiday sales and stock up on giftwrap, cards and decorations for next year.	Gather your pruning tools. Most trees and shrubs should be pruned during the dormant season. Exception: spring-flowering trees and shrubs. 13
Start planning your flower and vegetable gardens; keep an eye on the mail for seed catalogs and plan to place your order by month's end.						Plan a fire drill. January is the peak month for deaths caused by house fires. Make sure extinguishers are in working order.
 Martin Luther King, Jr. Day 21	Plan ahead: Stock up on soda and munchies for Super Bowl Sunday. 		 You should receive your W-2 forms by today; if not, follow up with your employer.	Call your mom to celebrate the anniversary of the first transcontinental phone call in 1915. 25		Super Bowl XXXVI 

Tame madhouse mornings

GET IT TOGETHER

THE 7:30 TO 8:30 A.M. SLOT may be the most hectic of the day. Urgency rules the hour, yet there is never enough time to do what needs to be done. Crazed morning routines tend to spill into the rest of the day, forcing you to keep scrambling long after you leave the house. No wonder, according to a University of Maryland study, 85 percent of us feel rushed some or all of the time. Here ways to get up and out in peace.

Take care of yourself first.
Most often, mothers worry about getting the kids fed and dressed, leaving their own wardrobe and breakfast requirements to the last second. Instead, wake up 15 minutes earlier, and make yourself presentable, ideally while the kids are asleep. This way, the other shoe doesn't have to drop; it's already on your foot.

Ward off classic morning snafus.
So much time is wasted searching for the little things. Make sure you always have at the ready: an extra pair of stockings, $20 cash in a cookie jar, a spare set of house and car keys and a bottle of quick-stain remover.

Simplify the routine.
This applies to you and your children. Buy clothes that are a snap to put on (Velcro sneakers for them; front buttons and zippers for you). Choose breakfast foods that require minimal preparation like cold cereal, energy bars and yogurt (items kids can get for themselves).



Tame madhouse mornings

se paper and plastic
ishes to speed cleanup.
lake your bed with
comforter and
duvet cover
stead of
eets and
ankets.
urn it off.
Many people
lieve that
e TV is a
eful tool to
ep kids in



one place," says Jeff Davidson, a time management expert and author of *The Joy of Simple Living*. "But it's actually a huge distraction." If you keep the TV off, everyone can focus on the business at hand, and finish sooner.

Keep a family calendar.

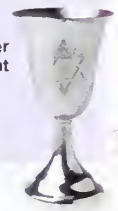
Buy a large calendar. Using a magnetic clip, hang it on the refrigerator. Write in all kids' appointments, practices, activities. "This way, you'll have a central place to keep track of everyone's day," says Davidson. "Check it the night before, gather all necessary materials—cleats, extra socks, violin cases—and put them by the door. When you leave in the morning, just grab the stuff and go."

GET IT TOGETHER ▶

2002 planner **march**

Time's running out if you want to see all 5 **nominees** for Best Picture before the Big Night.



Mon	Tue	Wed	Thu	Fri	Sat	Sun
				Book flights now for Easter travel; midweek flights typically have the best fares.	Serve the kids green eggs and ham for breakfast—it's Dr. Seuss' birthday. (Add a few drops of food coloring to scrambled eggs for the appropriate hue.)	If you've never been to the National Cherry Blossom Festival in Washington, D.C., make plans now for the March 24 to April 7 event.
Talk to your vet about when to begin heartworm testing and preventive meds for pets.				March is National Women's History Month, and today is International Women's Day. Visit the library to check out biographies of women you admire.		Plan ahead: Check times for local St. Patrick's Day parties and parades.
		Spring-cleaning? Be sure to vacuum your refrigerator's condenser coils for better efficiency.	Albert Einstein was born in 1879. 			**St. Patrick's Day** 
Stock up on supplies for Easter eggs and baskets.		First day of spring! Schedule carpet cleaning.			Plan to tackle spring home-maintenance tasks: Clear debris from gutters, inspect roof for loose shingles, replace storm windows with screens.	The 74th Annual Academy Awards air tonight. **Palm Sunday**
Don't forget to fertilize and aerate your lawn.	If you're hosting Easter dinner, now's the time to hit the grocery store to avoid weekend crowds.	**Passover begins at sunset.** 	Dye Easter eggs—even if you don't have kids. 	**Good Friday**	NCAA Men's Final 4 playoffs. Plan a night out with the girls.	**Easter** 

Stop office overload

GET IT TOGETHER

THE AMERICAN WORKWEEK now averages 45 to 50 hours—not including commuting time, which can add another 10 hours a week, according to time-management expert Lee Silber. And unfortunately, time at the office often isn't well spent. Once you finally leave, frazzled, you can't stop thinking about the [illegible] things to do tomorrow. You can leave the office [illegible] mentally if you achieve what you had to by the end of the day," says organizational expert Julie Morgenstern, president of Task Masters, a New York City–based organizing firm. Some ideas:

Hardest job first.

Knock off the most critical project as soon as you get in. "If the day gets out of control, at least you'll know that you managed to do one big thing," says Morgenstern.

Use your influence.

If you are in a position of power at work, use it. For meetings, set an agenda and a time limit. "Meetings go on forever for two reasons: lateness and going off topic," says Morgenstern. "If you call a half-hou meeting, no one will show up late. Your agenda should never have more than three points." If good idea come up that are off topic, put them on the agenda for another meeting.

Steer clear.

If you are not a decision-maker on an issue, finagle your way out of th meeting. "Before the meeting, ask the boss what she sees you gaining

april 2002

Mon	Tue	Wed	Thu	Fri	Sat	Sun
April Fool's Day NCAA Finals	Plan ahead: You can still deduct retirement-plan contributions on your 2001 taxes if you deposit the money into your IRA, 401(k), SEP or other qualifying plan prior to April 15.					Daylight Savings: Set clocks ahead one hour. Also test your smoke, fire and carbon monoxide detectors.
Just in case you need an excuse to buy yourself a bouquet, today is the Japanese Buddhist Flower Festival.	Feeling romantic? Tonight's the night for would-be parents who want a shot at having their town's first baby of 2003 (233 days—or 9 months—from today).			Schedule spring activation service for your automatic sprinkler system.		
Income taxes due. The *Titanic* sank on this date 90 years ago.	Clean out old tax files before you file this year's records. You should keep paperwork supporting tax deductions and income for three years from the date the return was due (or two years from the date the tax was paid). Keep records of stock and real-estate transactions indefinitely.		Tonight, and for the next few weeks, Mercury, Venus, Mars, Saturn and Jupiter will be lined up and visible.		Visit a planetarium for National Astronomy Day.	
Today is Earth Day, as well as the first day of National TV-Turnoff Week. Save energy by turning off the tube and spending the day outdoors.	School's out soon. Research summer recreation programs for the kids.		Take Our Daughters to Work Day. Yes, sons are welcome, too.	Longing for more shade in the backyard? Plant a tree for Arbor Day.	Time to get your patio furniture in shape for the season. Clean chairs and tables; check metal pieces for rust; repaint or restain if necessary.	Clean up garden beds in preparation for planting cool season vegetables (lettuce, spinach, peas, radishes).

Stop office overload

GET IT TOGETHER

'om attending. Then ask if there
ight be a better use of your time,"
ys Morgenstern.

stablish a closed-door policy.

or work that requires heavy
oncentration, set aside closed-door
ne, say an hour. Let people know
t to knock with a polite sign.

et caller ID.

onitoring calls can save hours,
owing you to sidestep distracting
rsonal chats. If your
nployer won't pay for
s service, screen your calls liberally. Every hour, check messages and return only essential business calls. Save personal chats for the end of the day, as you're winding down.

Spend 15 minutes regrouping

Take 15.

As quitting time approaches, take 15 minutes of what Morgenstern calls "sacred regrouping time." Look at your daily planner—a must-have—and check off what you've done, and make a realistic plan for what you will do tomorrow," she says. "Include a time estimate for each task, and the following business day, you'll hit the ground running."

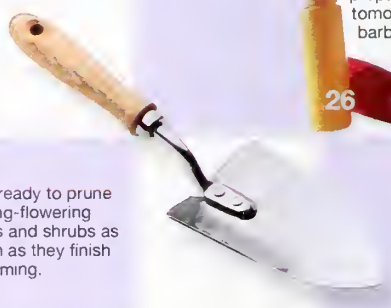
2002 planner **may**



Fire it up! It's National Barbecue Month.

Mon	Tue	Wed	Thu	Fri	Sat	Sun
		According to an old superstition, washing your face in the May Day morning dew will beautify your skin. Who knew?			Serve mint juleps while you watch the Kentucky Derby (it's traditional).	Have an impromptu Cinco de Mayo party. Serve margaritas and a taco buffet.
Plan ahead: Make reservations for Mother's Day brunch.	In honor of National Teacher's Day, help your child compose a letter of thanks to a favorite teacher (or write one of your own).		Forty-two years ago today, the FDA announced that the birth control pill had been approved for marketing.		Clean and service your air conditioner; check your owner's manual for details. If your ceiling fans have been in reverse mode for the winter, switch.	
Make plans for a Memorial Day cookout in two weeks.		Start moving houseplants outdoors for the season (acclimate them gradually since nighttime temperatures are still cool).		Take sweaters and winter comforters to the cleaners before storing for the summer.	Attending a wedding in June? Now is the time to find out where the couple has registered and shop before your choices diminish.	
		Star Wars fans: Hit theaters early today for an opening night ticket to *Episode II: Attack of the Clones*.	Take a day off from work just to celebrate spring's wonderful weather. Why not rent a convertible and go for a drive?			Finalize preparations for tomorrow's barbecue.
				Get ready to prune spring-flowering trees and shrubs as soon as they finish blooming.		





End paperwork nightmares

GET IT TOGETHER

THE MAIL ARRIVES DAILY, AND you place it in neat little piles. After a few days, the piles grow into a mountain of bills, statements, brochures, catalogs and solicitations. The bigger it gets, the more daunting it is. To keep the mail under control, and make sure nothing falls through the cracks:

Make a space.

The best place to tackle mail, says organizational expert Julie Morgenstern, is where it naturally piles up. "It's easy to forget mail that's been dropped on a desk in the spare bedroom," she says. "Instead, make your workspace where the piles accumulate—like the kitchen table."

Get a freestanding file folder for action files (bills, school stuff) and reserve files (paid bills, brochures, medical forms). Each family member should have a file for correspondence and invitations.

Make it routine.

Set aside time each day to sort and stamp. You can probably sift though a pile a day in less than 15 minutes. "Whatever you open, deal with it right away," says Morgenstern. "If it's a bill, pay or file it. A form, fill out. A letter from the school, read i An invitation, respond."

Snap-to decisions.

Give mail that requires more consideration a finite amount of attention. "One of the biggest time wasters is thinking about somethin too long," says time-management pro David Allen. You could spend

june 2002

Mon	Tue	Wed	Thu	Fri	Sat	Sun

If you're planning a trip in the next couple of months, now is the time to beef up your home security. July and August are peak months for burglars. Call your local police department to schedule a free home-security survey.

Plan ahead: September is one of the best times to visit Walt Disney World, in Orlando, Florida. The crowds are thinner and the weather cooler. Start checking *BestFares.com* for airfare deals.

World Environment Day. Do your part to prevent global warming by walking, biking or taking public transportation to work today.



Deadhead perennials throughout the summer to encourage more blooms.



Watch cartoons with the kids today in honor of Donald Duck's birthday.

In most of North America, there will be a partial eclipse of the sun today.

Also: First day of National Men's Health Week.

Dreaming of a beach vacation? Start planning today (it's King Kamehameha Day in Hawaii, if you need inspiration).



Time to replace a worn-out flag? Many American Legion Posts have a ceremony on Flag Day to properly dispose of Old Glory.



Father's Day

U.S. Open Finals (Golf)



Plan ahead: Two weeks to prepare for July 4.

Now is good a time to flush your water heater (an annual chore). Attach a garden hose to the drain valve and empty a portion of the water to drain away sediments that collect in the tank's bottom. (Make sure the hose leads to a gutter or other safe area so the hot water doesn't kill plantings. Check the heater's manual for detailed instructions.



Deadhead roses.

World Cup Soccer Final

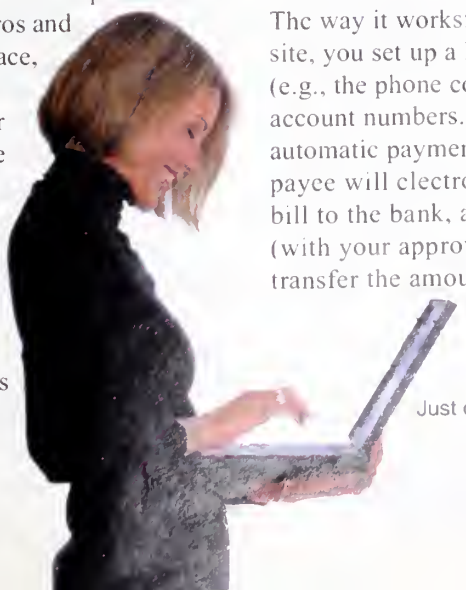


End paperwork nightmares

ours pouring over camp brochures. veighing the pros and ons of each place, alking about it ith friends. Or ou could make n executive ecision, and ke action.

ay bills nline.

All major banks offer this ee service to account holders," says Morgenstern. The way it works: At the bank Web site, you set up a list of payees (e.g., the phone company) and your account numbers. Arrange for automatic payments whereby the payee will electronically send a bill to the bank, and the bank (with your approval), will wire transfer the amount within 2 business days. All you need to do is click "yes." What's more, the bank will keep permanent records, so you don't have to.



Just click, and pay

When all else fails, call in a pro.

A one-time consultation with an organizational expert might be just the thing. The National Association of Professional Organizers can provide you with a list of pros in your area, free of charge. Go to *www.napo.net* for details.

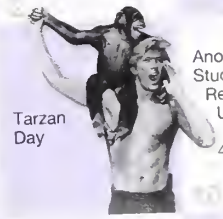
GET IT TOGETHER ▶

2002 planner july

Need an excuse? Bake a pie for National Blueberry Month.

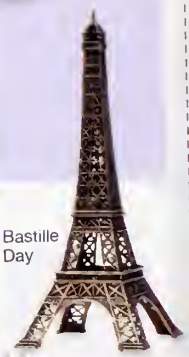


Mon	Tue	Wed	Thu	Fri	Sat	Sun
Mid-year reminder: Are you having fun yet? Remember your New Year's resolution.	Team up with a neighbor to plan a block party for National Night Out in one month. Go to *www.nationaltownwatch.org*.	Dog Days of Summer begin, coinciding with the early A.M. rising of Sirius, the Dog Star, now through August 11.	**Independence Day** Play it safe and watch a professional fireworks show. Keep pets indoors, where the sound will be muffled from sensitive ears.	Cherry season lasts only a few weeks so enjoy 'em while you can. They should start showing up in produce sections and farmer's markets any day now.	Wimbledon Women's Singles Championship	
Beat the rush by booking a fireplace inspection during the off-season. If you use your fireplace regularly, it should be cleaned and inspected annually.	Tarzan Day	Another good excuse to eat blueberries: Studies at the USDA Human Nutrition Research Center on Aging at Tufts University, in Boston, found that they had more antioxidants than any of the 40 other fruits and vegetables tested.			Bastille Day	
Birthday of Clement Moore, author of *'Twas the Night Before Christmas*. Watch for unusual gift items on your summer travels.		Learn how to make a killer cosmopolitan, the perfect summer drink. (Combine 1¼ ounces vodka, ¼ ounce each of Rose's lime juice and triple sec, and ¼ cup cranberry juice in a cocktail shaker with ice cubes. Shake, then strain into a martini glass.)		First Moon Landing, 1969	It's National Ice Cream Day (a.k.a. Sundae Sunday). Indulge!	
Summer is halfway over. If you haven't used up a bottle of sunscreen by now, you're not being careful enough!						

















Keep your family safe

GET IT TOGETHER

HAVING A FAMILY DISASTER plan in place—and practicing it—is the most effective way to protect your loved ones during an emergency, according to Rocky Lopes, senior associate for disaster education for the American Red Cross. "Whether it's a fire, tornado or an earthquake, having a plan does save lives," says Lopes, "because you immediately take action rather than being frightened and doing the wrong thing."

Make a plan for the worst.

First, determine what kind of disasters you could conceivably face, such as a hurricane, tornado, flood, fire, etc. Then, decide where family members would meet if you have to leave your home—or cannot go back to it—and you become separated. Pick two places, one outside your neighborhood if you are being evacuated; another right outside your house, say by the mailbox, in case of an event like a fire. If you are confined to your home, make sure you have essentia supplies like three days' worth of bottled water, nonperishable food, cell phone, a battery-powered radi flashlights and extra batteries. Also keep a first-aid kit stocked with yo family's prescription medications, well as Band-Aids, antiseptic ointment, and a pain reliever like aspirin. And every six months review your plan and replace store water and food.

Practice fire drills.

Nearly half of all fire deaths happ

august 2002 Planner

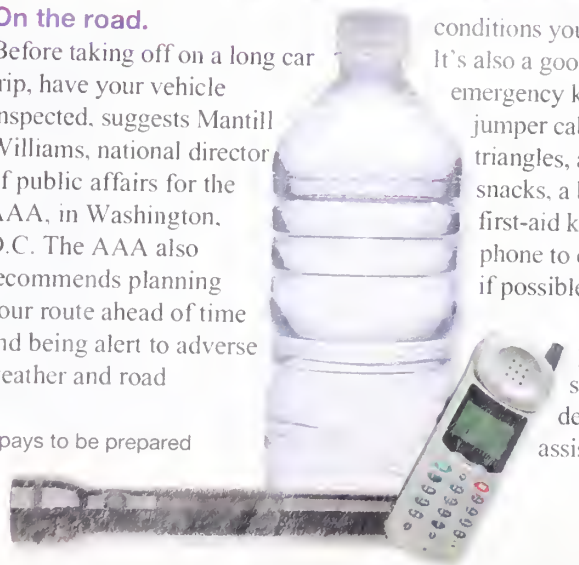
Mon	Tue	Wed	Thu	Fri	Sat	Sun
			Take advantage of this slow month to get legal details in order. Meet with your attorney to update (or create) a will and guardianship instructions.	Leave the kids with Dad and have a girls' night out to celebrate National Friendship Day.	Escape the heat—reorganize the coolest room in the house (the basement).	
School starts soon, so begin gradually adjusting kids' schedules to make those early-to-bed, early-to-rise school days less traumatic. 5	Turn on your porch light for National Night Out, the 19th annual crime and drug prevention event sponsored by the National Association of Town Watch.		 Time for a back-to-school shopping trip.			Watch a falling star: The Perseid meteor shower peaks about now, and the thin crescent moon sets early for great viewing.
						
Go fly a kite to celebrate National Aviation Day (Orville Wright was born on this day in 1871). 19	 		Eat a peach. They're at their luscious ripest about now. 			Grandparents' Day is in two weeks. Start putting together a "snapbook" of shots of the kids to give as a gift.
Women's Equality Day commemorates the 19th Amendment, which granted women the right to vote on this date in 1920.  27					Princess Diana died on this day in 1997. Do a good deed in her memory. 	

Keep your family safe

when people delay getting out of their house. To ensure safety, install a smoke detector outside each bedroom and have a plan that details how each person will exit. Make a drawing of your house, showing two escape routes from each room. For multi-story homes, buy chain or rope ladders that can be hooked to the outside of windows for quick escape. And have an unannounced fire drill twice a year, says José Dickson of the New York City Fire Department.

On the road.

Before taking off on a long car trip, have your vehicle inspected, suggests Mantill Williams, national director of public affairs for the AAA, in Washington, D.C. The AAA also recommends planning your route ahead of time and being alert to adverse weather and road conditions you might encounter. It's also a good idea to pack an emergency kit including jumper cables, reflector triangles, a flashlight, water, snacks, a blanket and a first-aid kit. Carry a cell phone to call for help, then if possible, remain with your vehicle until police arrive. If a stranger stops, decline the offer of assistance.



It pays to be prepared

GET IT TOGETHER ▶

2002 planner september

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Fashion alert: Labor Day is the last day to wear white until Memorial Day, or so says tradition.				**Rosh Hashanah**, the Jewish New Year, begins at sunset. On the Jewish calendar, this is the first day of year 5763.	Planting season for spring-flowering bulbs starts soon for most of the country, so plan a trip to the garden shop.	Grandparents' Day
		Take time out today to remember the victims of last September's terrorist attacks in New York, Washington, D.C., and Pennsylvania.			Make a day trip to a nearby forest or beach while the weather is still nice and the crowds are history.	**Yom Kippur** begins at sunset.
World Peace Day 	Schedule annual furnace service and inspection. Don't forget to check your furnace filter monthly and replace as needed.	Make an appointment to have your automatic sprinkler system winterized.	Bring houseplants indoors.		National Banned Books Week begins today. Reread any Harry Potter (the most frequently challenged books) to register protest.	National Good Neighbor Day American Business Women's Day
	If you have not registered to vote, do so. Though there are some exceptions, many states require this at least 30 days prior to Election Day.	Three months and counting: Get a head start on holiday shopping by collecting mail-order catalogs for gift ideas.			Start keeping a close eye on the weather report, and disconnect garden hoses before temperatures reach freezing to prevent damage to pipes.	
Plan a fall foliage trip for the upcoming Columbus Day weekend.						

Pack away your summer clothes, and take your winter wardrobe out of storage. It's a perfect time for a closet makeover.



Housework made easy

GET IT TOGETHER

WOMEN SPENT 15 HOURS A week on housework in 1995, according to the Americans' Use of Time Project data. That includes cooking, cleaning, plant and animal care, laundry, yard work, repairs and general home management. Despite the two hours a day spent straightening, the house never seems clean. Seven steps to make it easier:

Lower your standards. Does the house have to be spotless? "Think of it this way," says time-management expert Jeff Davidson. "If you clean three times a week, that's once every 2.3 days. What if you cleaned only twice a week, or once every 3.5 days? At the end of the week, your home will still be clean."

Hide what you can. To avoid constant cleaning and vacuuming, choose dark or busy patterns for furniture and carpeting that are less likely to show dirt. When buying new appliances, select darker colors that mask fingerprints.

Small loads are lighter. Instead of spending your entire Saturday on laundry, do small loads a few times a week. And "fold less," says Davidson. "So many things, like underwear, should just be thrown into a drawer.

Multi-task. You can't sweep and mop at the same time, but you can shower wh sponging off the tile walls. You ca fold laundry while waiting for pas water to boil, dust the office while checking e-mail.

October is National Breast Cancer Awareness Month.

october 2002 planner

Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Holiday stamps go on sale. Why wait to fight the crowds? Order now by phone (800-782-6724) or online (*www.usps.com*).	Plan ahead: Start gathering materials for Halloween costumes.	Make an appointment now to get a flu shot. It takes a few weeks to develop the protective antibodies.	Have your pet blessed at a special mass in honor of St. Francis of Assisi.		Lint build-up in clothes dryers causes thousands of fires each year. Clean the lint filter after every load, and check the vent regularly.
Columbus Day	For National Poetry Day, send your hubby to work with a love poem in his pocket.	Boss's Day		If you're due for a mammogram or know someone who has been putting it off, make that appointment today, on National Mammography Day.	Research community leaf-composting programs. Save landfill space by recycling your bagged leaves.	Clean and oil your gardening tools before storing them for the season.
Carve jack-o'-lanterns.	Mother-in-Law's Day is in four days. Order flowers now.	One week to Halloween: Stock up on treats while the selection is still good.	Halloween TRICK OR TREAT 31	Prepare outdoor furniture and flowerpots for winter storage; terra-cotta pots left outside may flake and crack.	Collect canned goods for a local food bank; clean up a park or visit a nursing home in honor of Make a Difference Day.	Daylight Savings ends: Set clocks back one hour. Don't forget to check your smoke, fire and carbon monoxide detectors.

Housework made easy

Stay one step ahead.
Never let a task wait if it's in front of you. "Make your bed as soon as you get out of it," says Lee Silber. "It's one less thing to do later."

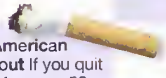
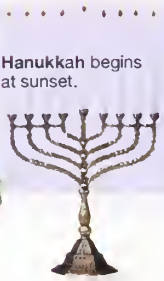
Centralize dirt.
Take a moment to think about the origin of dirt. It's usually from shoes, food and things we do in the name of personal hygiene. "Keep the mess as close to the source as possible to curtail it," says Davidson. Ergo, shoes come off when people enter the house, food stays in the kitchen (no snacking in the living room), all ablutions (hair brushing, nail clipping) take place in the bathroom.

Carry a catchall.
"I use a laundry basket," says Linda Cobb, author of *Talking Dirty with the Queen of Clean*. "I go from room to room and fill it with everything that doesn't belong there. The soda can shouldn't be on the table; the sock shouldn't be on the living-room floor. Then I go room to room and put stuff where it should go. Using the basket saves you from making multiple trips."

GET IT TOGETHER ▶

2002 planner november



Mon	Tue	Wed	Thu	Fri	Sat	Sun
					If you're planning to buy a live Christmas tree this year, dig the planting hole before the ground freezes, fill it with mulch and cover it with a board to prevent accidents. 2	
	It's not a Presidential election year, but many state and local issues are decided on Election Day. Make time to vote today. 6		First day of Ramadan, the holiest month of the year on the Islamic calendar. It's a period of fasting and spiritual reflection for Muslims around the world.			Party season is approaching—splurge on a new outfit. 10
 11		World Kindness Day		Plan ahead: Research an activity for next weekend's National Family Volunteer Day. Note that homeless shelters and soup kitchens require helpers to be over 16.	Invite the man of your dreams to dinner. It's Sadie Hawkins Day.	According to the 2002 Old Farmer's Almanac, East Coast skywatchers will be treated to a phenomenal Leonid meteor shower tonight.
	Start paperwhite narcissus bulbs now to force holiday blooms in about six weeks. Be sure water reaches only the base of the bulbs; submersed bulbs rot.		 **Great American Smokeout** If you quit now, before age 50, you'll halve your risk of dying within the next 15 years compared with those who don't.		National Family Volunteer Day	Begin thawing your 20- to 24-pound Thanksgiving turkey in the refrigerator (it should take four to five days). Allow three to four days for a 12- to 16-pounder.
Do your Thanksgiving grocery shopping now, before the last-minute crowds hit.	Iron your tablecloths and make a Thanksgiving centerpiece.	 Bake pies.	**Thanksgiving** 	**Hanukkah** begins at sunset. 	Skip the crowded stores and write your holiday cards instead.	

GET IT TOGETHER

Shop smarter

YOU NEVER HAVE ENOUGH milk, and the kids are forever outgrowing their shoes. It seems impossible to keep your house sufficiently stocked with the absolute essentials. But if you shop smarter, you can get what you need and want quickly and correctly, avoiding a second (or third) trip to pick up forgotten items or return things bought in haste.

Have goods come to you. "Whenever possible, shop online, from catalogs, by fax, by phone," says Jeff Davidson. "It's worth the extra cost of shipping and handling to save you the hours spent in stores and getting there."

Buy in bulk. You don't have to join Costco ("Better to avoid those massive warehouse places," says Davidson, "since the time you spend driving to them and waiting to pay isn't worth the few dollars you save") to buy 20 rolls of toilet paper. When bulking up, stick with "paper products and canned goods you know you will consume," says Davidson.

Timing is everything. You'll save hours by being counterintuitive. "Everyone shops for food on Sunday mornings," says Lee Silber. "Therefore, that's the worst time to go. Shop instead at nine P.M. on a weeknight. Go to a twenty-four-hour pharmacy at ten P.M. instead of battling the lunchtin crowds." Whatever your pattern ha been, he says, "break it."



december 2002

Mon	Tue	Wed	Thu	Fri	Sat	Sun
Get a jump on the competition and book a baby-sitter now for New Year's Eve.	Make a simple wreath: Prune an evergreen tree or shrub; wire the cut branches and a few pinecones to a wire wreath frame; add a red bow.					International AIDS Awareness Day
		To absolutely guarantee timely arrival, ship holiday packages sometime this week.		Sure, it's Friday the 13th, but luck's on our side: The Geminid meteor shower, this year's best meteor event, peaks all night tonight and tomorrow.	Pearl Harbor Day Light a fire in the fireplace, play Christmas carols on the stereo and serve eggnog while you decorate the tree.	Bake Christmas cookies. 
	Mailing holiday cards today? Be forewarned: It's the busiest mail day of the year.				Friday after Thanksgiving is not the busiest shopping day of the year—today, the Saturday before Christmas, is. The first day of winter.	
	Christmas Eve	 Christmas Day	Kwanzaa begins. 			Clean out your closets, and sort items to be donated to charity.
Maximize your tax deductions for 2002 by paying all deductible expenses, like charitable contributions and medical bills, by the 31st.	New Year's Eve—Celebrate the fun you had in 2002. (You do remember that resolution, don't you?) 					

Another year, another milestone. This month, Ladies' Home Journal celebrates its 119th anniversary.



Calendar text by Sharlene K. Johnson

Shop smarter

Know what you're after. Create a permanent boilerplate list of all the food items you purchase each week. Organize it aisle by aisle, so if you send your husband to the market, he won't miss anything or have to backtrack later. Spend a few minutes checking your food inventory and planning your menus, to avoid impulse buying," says Davidson. "And don't write the list or shop when hungry. You'll buy things you don't really need." Also, Davidson recommends making one supermarket trip per week. This saves you the hassle of running back every day for more milk, more eggs, etc.



Canvas the closets. Before heading to the mall, inventory your family's closets and drawers. "People tend to make repeat purchases," says Emily Cho, a New York City–based personal shopper. "I always advise clients to look in their closets and make a list of what needs to be added to their existing wardrobe." This will help cut down on returns.

—Valerie Frankel

GET IT TOGETHER

10 easy

Produced by Meg Goldman
Photos by Shannon Greer



cardigan
In soft, comfy, durable cashmere
Lands' End, $159



belted trench
Functions as a jacket and an outside coat.
Jones New York, $249



blazer
Slightly fitted, it tops every bottom here with ease.
Lands' End, $118



turtleneck
Wear the neck crushed, not folded.
Company by Ellen Tracy, $165

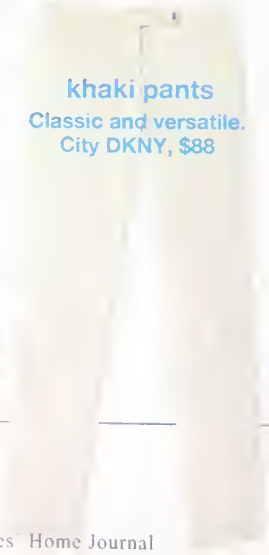
white tee
The only piece the tee *doesn't* go with? Its neighbor at left.
City DKNY, $32



tailored shirt
Tone it to the cardigan.
Ann Taylor Loft, $39



pleated skirt
The update to the old "suit" skirt.
Ann Taylor Loft, $79



khaki pants
Classic and versatile.
City DKNY, $88



trousers
In year-round stretch fabric and color.
Lands' End, $78



denim skirt
Every wardrobe needs denim—a skirt adds more style than jeans.
DKNY Jeans, $74



pieces

. ARE ALL YOU NEED
O GET READY FAST
ND LOOK POLISHED
VERY DAY. SEE ALL
HE GREAT WAYS
HESE WARDROBE
ASICS PAIR UP FOR
ORK AND PLAY

work

Suiting up year-round is easy to do when you choose a pantsuit made of lighter-weight wool in season-spanning gray. Add a splash of color with the blouse, and you're set to go.

SHOES, CHARLES JOURDAN, $295; BAG, MAXX, NEW YORK, $245; RING, TOMMASSINI AT NOTANONYMOUS, $50; EARRINGS, FORTUNOFF, $40

Denim goes to work when it's done up in a sleek style like this. With no bulky waistband, pockets or fly front, this skirt goes way beyond the usual jeans-and-a-T-shirt look and loosens up the fitted jacket.

BAG, CHRISTIAN LIVINGSTON AT NOTANONYMOUS, $100; EARRINGS, FORTUNOFF, $30

When your schedule calls for a day-to-night ensemble, the two black pieces add up to workday polish and nighttime chic.

SHOES, NATURALIZER, $59; CUFF BRACELET, IPA-NIMA, $165

The short trench gives you the pulled-together look of a jacket but with a more laid-back feel—perfect for a day that's meeting-free.

BRACELET, MARLYN SCHIFF AT DROZAK STUDIO, $68; EARRINGS, DIANE KANE AT YVETTE FRY, $95

on-the-job accessories

Glam up career clothes with...

knee-high, high-heeled boots, ...s Valentino, $330

danglers, Roka at Notanonymous, $100

hold-it-in-your-hands handbag, Christian Livingston at Notanonymous, $100

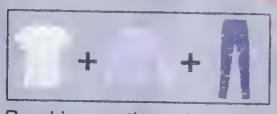
graphic scarf, Susan Daniels at Yvette Fry, $35

play



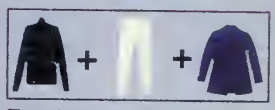
Saturday style: This pairing can take you everywhere—from a day's worth of errands with the kids to grown-ups' night out with your husband.

SHOES, NATURALIZER, $60



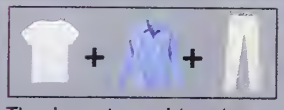
Breaking up the suit expands your wardrobe options: Wear the gray pants off-hours with any of the tops—or even two of them at a time, as in this outfit.

MULES, HYPE, $98; WATCH, DKNY TIME, $85; EARRINGS, ROBERTA CHIARELLA, $41



Top the khakis with the black trench and turtle for an uptown urban look.

SCARF, LAUREN BY RALPH LAUREN, $68; BELT, STREETS AHEAD, $185



They're not considered a classic piece for nothing: Khakis are a go-with-everything favorite. Choose a flat-front style for a neat and slimming silhouette.

SHOES, NATURALIZER, $62; CARLOS FALCHI, $430; [illegible] ROKA AT NOTANOTHER [illegible]

asual add-ons

ep your look put together with..

beaded bracelet, How Charming at Drozak Studio, $26

short boots, Donald J Pliner, $215

tote bag, Neal Decker at Yvette Fry, $170

belt with a twist, Streets Ahead, $135



Back-to-Basics Beauty

HAIR: THINK YOU DO EVERYTHING POSSIBLE TO MANAGE YOUR MANE? YOU MAY BE DOING WAY TOO MUCH. THESE ARE THE ONLY STEPS THAT MATTER

Shampoo review

Get hair soaking wet before applying shampoo. You'll need less shampoo as a result, according to international hair and scalp specialist Philip Kingsley, author of *Hair, An Owner's Handbook* (Aurum). Pour a little into the palms of your hands, rub it in, then smooth palms over the surface of your hair. Using the pads of your fingertips, massage lather into your scalp. Every now and then, run your fingers through your hair from front to back; this prevents tangling.

Rinse well

Will a final rinse of cold water make ıair shiny? Some hair pros say yes, ɔelieving cold water flattens the ɔuter layer of the hair shaft. The ımoother the surface, the better it eflects light. Other pros say this is a ıyth. What's most important is that ou rinse thoroughly, since residue ·om shampoo can dull hair's shine.

Conditioner cues

ow much conditioner do you really ɛed? A dime-size dollop, if hair is ıorter than four inches long; the size a nickel or quarter for longer hair, ys hair pro Gary Howse, co-owner Gary.Manuel Salon, in Seattle. ɔply conditioner to the ends only.

tyling savvy

hen using a volumizing or ckening spray, spritz it on the ɔts, then work it through your sses. To prevent the greasies, all er products—mousse, gel, styling am, wax—should be applied to ends only, recommends New rk City stylist Alan Whyte.

It's the little things that count—the way you shampoo your hair, how much moisturizer you apply, exactly where you dot on your concealer. Coming up, a refresher course in the skin care, hair care and makeup essentials that can make a big—and beautiful—difference in your looks. By Carol Straley Photos by James T. Pemberton

SKIN: SOMEWHERE BETWEEN A 5-SECOND FACE-SPLASHING AND A 30-MINUTE BEFORE-BED ROUTINE ARE THE ESSENTIALS FOR A GREAT-LOOKING COMPLEXION

Gentle cleansing

Beauty consultant Nance Mitchell in Beverly Hills, California, suggests that you brush your teeth (toothpaste can irritate the area around your mouth) before cleansing. Splash your face with tepid water, then smooth a quarter-size amount of a mild soap-free cleanser over your face. (It's up to you whether you use a fresh washcloth or your fingertips. But fingertips are gentler.) Lightly massage the cleanser into your skin with circular strokes. Rinse with tepid water, then blot—never rub—with a clean towel.

Tips on toner

You can skip this step unless you have oily or combination skin, according to skin-care expert Cheryl Renella, president and founder of Channing's Day Spa, in Chicago. After blotting cleansed skin with a towel, apply toner to a tissue, which is less absorbent than cotton. The result: You use less toner. Smooth the tissue over your face then let the toner dry before applying moisturizer. Alcohol-free products are mildest. Two to try: L'Oréal Hydra Fresh Toner ($4.99) and Channing's Kiwi-Citrus Toner ($18.75; to order, call 312-280-1994).

Eye cream how-tos

To wrinkleproof the line-prone zone around your eyes, a pea-size amount of product is plenty, says Renella. Editor's picks: Clinique Moisture Surge Eye Gel ($26), which has the lightness of a gel plus the moisturizing benefits of a cream, and RoC Retinol Actif Pur Eye Contour Cream ($20). Apply cream or gel with your middle finger—it exerts less pressure than your index finger. Moving clockwise, blend product from the center of undereye area to browbone and over lids.

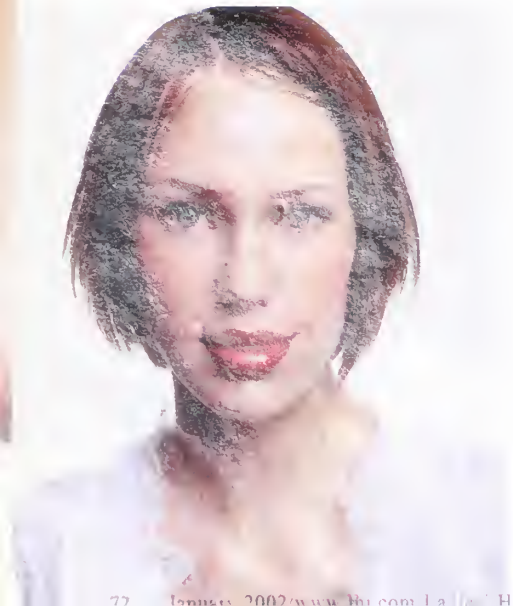
Maximize your moisturizer

A dab the size of a nickel is enough to moisturize your face and neck, according to Renella. Massage moisturizer into your fingertips, then smooth fingertips



over your skin using upward and outward strokes. This helps to work up a glow. Looking for a multitasking formula? Neutrogena Visibly Even Moisturizing Treatment SPF 15 ($13.99) has wrinkle-fighting retinol and vitamin C to brighten dull skin.

MAKEUP: BRUSH UP ON THE BASICS TO PUT YOUR BEST FACE FORWARD FAST



Facts on foundation

Your foundation should match your skin tone. One formula that takes the guesswork out of choosing the right shade: Prescriptives Traceless Skin Responsive Tint ($32). Special prisms manipulate the light that hits your face to even out skin tone. Blending foundation with downward strokes, suggests New York City makeup pro Lea Siegel, results in an even finish and smooths down the tiny hairs on your face. Use either your fingertips or a latex makeup sponge. Apply foundation with the tip of the sponge, then use the side for blending under eyes, around the nose and over your chin.

Cover up dark circles

Choose a concealer that's one or shades lighter than your foundation. For flawless results, apply foundation under eyes first, recommends Los Angeles–based makeup artist Julie Hewett. Don't forget the innermost corner of the eyes, the darkest area. To blend, gently pat with your middle finger. Many beauty pros set conceale

a touch of powder to make it last longer. Bobbi Brown Creamy Concealer Kit ($35) stacks a pot of concealer over a pot of loose powder in a complementary shade and adds a tiny puff. To order, log on to *www.gloss.com*. If you prefer a liquid cover-up with a wand applicator, try Cornsilk Liquid Powder Concealer ($4.99), which dries to a powder-smooth finish.

Shadow play

To keep eyeshadow creaseproof, Siegel suggests first dabbing lids with a little foundation and powder. Shadow is less likely to crease if you wear a powder formula.

Mascara magic

For clump-free lashes, hold the wand horizontally and roll it upward as you apply mascara. This helps to separate lashes. Let mascara dry before applying a second coat. Save waterproof formulas for sports, weddings and special events, advises Siegel. They're too drying for everyday use. One new mascara makes it easier than ever to get into corners and to apply mascara to lower lashes without smudging: Maybelline Lash Discovery Mini-Brush Mascara ($6.80). The secret? The ultra-slim brush with tiny bristles.

Lip tricks

For lipcolor that lasts beyond your second cup of coffee, invest in a lipliner pencil in a neutral tawny or rosy-brown shade, advises Hewett. For an even line, rest your pinky on your chin and make short, soft strokes. And don't go outside the natural borders of your lips in an attempt to make them look fuller. That's what lip-plumping lipsticks are for. Two to try: Estée Lauder Go Pout Lipcolor ($15) and Molton Brown Wonder Lips Lip Lift formula ($20; to order log on to *www.moltonbrown.com*).

All the basics—in one bag

1. A **neutral lipliner**. We like MAC Lip Pencil in Spice.
2. A non-soap **cleanser** such as Avon Pore-Fection Cleanser.
3. A soothing **eye gel**. New: Clinique Moisture Surge Eye Gel.
4. A mild **shampoo**: Ocean Breeze from Suave.
5. A clump-free **mascara**: Maybelline Lash Discovery Mini-Brush Mascara.
6. An alcohol-free **toner**. Try L'Oréal Plenitude Hydra Fresh Toner.
7. An easy-to-blend cream **concealer**. New: Bobbi Brown Concealer Kit.
8. A sheer **foundation**: Prescriptives Traceless Skin Responsive Tint.
9. A nonsticky **hair gel,** such as Charles Worthington Results Extra Texture Hold & Shape Gel.
10. Nongreasy **moisturizer**. Perfect: Neutrogena Visibly Even formula.
11. A light **conditioner,** such as Suave Naturals Ocean Breeze Conditioner.
12. Neutral **eye shadow**: Olay Cosmetics Eye Shadow in Shimmering Sable/Pale Gold.
13. Lip-plumping **lipstick**: Estée Lauder Go Pout Lipcolor.



Twice the workout in half the time

Who has time for 30 minutes of aerobics plus a strength-training session? Kick off the new year with a new time-saving way to exercise: Our 20-minute workout burns fat and tones your trouble zones—fast! By Liz Neporent

Multitasking, that fancy word for cooking dinner while talking on the phone and helping your kids with homework, magically weaves extra time into your day by allowing you to do several things at once. That makes it the perfect concept to apply to your exercise program, too.

With the Super Circuit workout on these pages, you'll alternate body-sculpting exercises that target several areas at once with intervals of aerobic training. The result: a full-body, muscle-shaping routine combined with high-intensity cardio bursts that burn calories and incinerate body fat. In other words, twice the workout in half the time. And to make our Super Circuit even more super, we've chosen moves that tackle typical trouble zones such as the butt, chest and abs.

THE WORKOUT

Alternate each set of each body-sculpting move with a one-minute cardio interval for a total of 20 muscle-firming, fat-burning minutes. **Important:** Keep moving! Blast through the routine without any rest; as soon as you finish your cardio interval, jump to the next body sculptor. Do this workout at least three times a week and you should see shapelier muscles, a dip in body fat and an increase in strength in about 30 days.

Basic equipment: An aerobic step, an exercise mat or thick towel, and a set of light weights (3 to 8 pounds, depending on how strong you are). If 3-pound weights are too heavy, do the exercises without weights. As you get stronger, add weights to your workout.

ONE-MINUTE CARDIO INTERVAL

Beginner:

March in place, pumping your arms vigorously and lifting your knees to waist level.



Intermediate:

Step up and down on your step. Be sure to pump your arms and plant your entire foot firmly on the step platform. Lead with your right foot half the time, and with your left foot for the other half.



Advanced:

Step on the platform with left foot, then lift right knee to waist level. Pump arms, left arm forward, right arm back. Step down with right foot, then with left. Next, step up with right foot, and lift left knee; right arm forward, left arm back. Continue alternating.



A note about intensity:

Whichever cardio level you choose, give it your best effort. You should feel slightly breathy and sweaty by the end of each minute. Your heart should be thumping, but you shouldn't be so out of breath that you can't talk or have to take a break before moving on to the next exercise.

BODY-SCULPTING MOVE 1

The ultimate butt move: side squat and arm raise

Also works outer thighs, inner thighs, front of thighs and shoulders.

(A) Stand tall with feet hip width apart, arms at sides with palms facing in and elbows slightly bent. Hold a weight in each hand.

(B) Step right foot out about a foot and a half to the side and bend knees until thighs are parallel to the floor. As you do so, lift arms up and out to the side until hands are at shoulder level. Push off the right foot to return to the start.

Sequence: 15 reps to right side; one-minute cardio interval; 15 reps to left side.



BODY-SCULPTING MOVE 2

The ultimate back-of-thigh shaper: double curl

Also works front of arms.

(A) Leaning forward slightly, stand with feet as shown, left foot forward. Bend left knee slightly and lift right heel off the floor. Hold arms at sides with palms forward, clasping a weight in each hand.

(B) Simultaneously bend right knee so that right heel moves toward buttocks, and bend elbows to bring hands toward shoulders.

Sequence: 15 reps with right leg lifted; one-minute cardio interval; 15 reps with left leg.





BODY-SCULPTING MOVE 3

The ultimate upper-back toner: row and extension

Also works shoulders, arms.

(A) Holding a weight in each hand, stand with feet hip width apart. Keeping your back flat and abs tight bend knees, lean forward from hips and let arms hang down, palms facing in toward each other.

(B) Bend elbows and raise weights to chest level then straighten elbow and press the weights behind you. Bend elbows again and lower arms to start.

Sequence: One set of 15 reps; one-minute cardio interval; second set of 15 reps.





BODY-SCULPTING MOVE 4

The ultimate chest firmer: step push-up

Also works shoulders, arms.

(A) Place a mat or towel underneath your knees and lie on stomach in front of an aerobic step placed lengthwise. Bend knees and cross ankles. Place hands shoulder width apart on edge of aerobic step and straighten arms so that you're balanced on palms and thighs, just above knees as shown. Tighten abs.

(B) Bend elbows until upper arms are parallel to floor. Push back up.

Sequence: One set of 15 reps; one-minute cardio interval; second set of 15 reps.





ODY-SCULPTING MOVE 5

he ultimate ab sculptor: hover

'so works lower back, arms.

on't be fooled—this simple :ercise is a total ab and lower- ack move.

) Kneel on the floor; then lean rward. Bend elbows and balance per body on forearms; stretch out gs and balance weight on toes. asp hands together and tuck chin toward chest. Tighten abs so that back is straight; make sure lower back does not sag downward and don't raise your butt above the rest of your body.

(B) Hold this position for 5 to 10 slow counts. Keep torso straight the entire time. Do two reps per set. To rest between reps, sit back on heels and stretch upper body forward.

Sequence: One set of two reps; one-minute cardio interval; second set of two reps.

For an animated guide to five simple strength-building exercises, plus advice on how to choose the best workout for you, log on to the Fitness Center at *www.lhj.com*



Who would raise your kids?

Planning for the unthinkable is the best thing you can do for your children

By Carol Lynn Mithers

No one can say why Charles and Marla Hoffman never wrote a will. Perhaps death just seemed too remote a possibility—Charles, a Cleveland, Ohio–area businessman, was 47; Marla was only 29. But on May 9, 1993, tragedy struck. The couple had taken their 33-foot pleasure boat for a Mother's Day outing on the Cuyahoga River when a spark from the onboard generator apparently ignited a fuel leak. The boat exploded in flames, killing the couple, as well as Marla's parents and brother, who were along for the ride. Only the couple's 10-month-old son, Chuckie, survived.

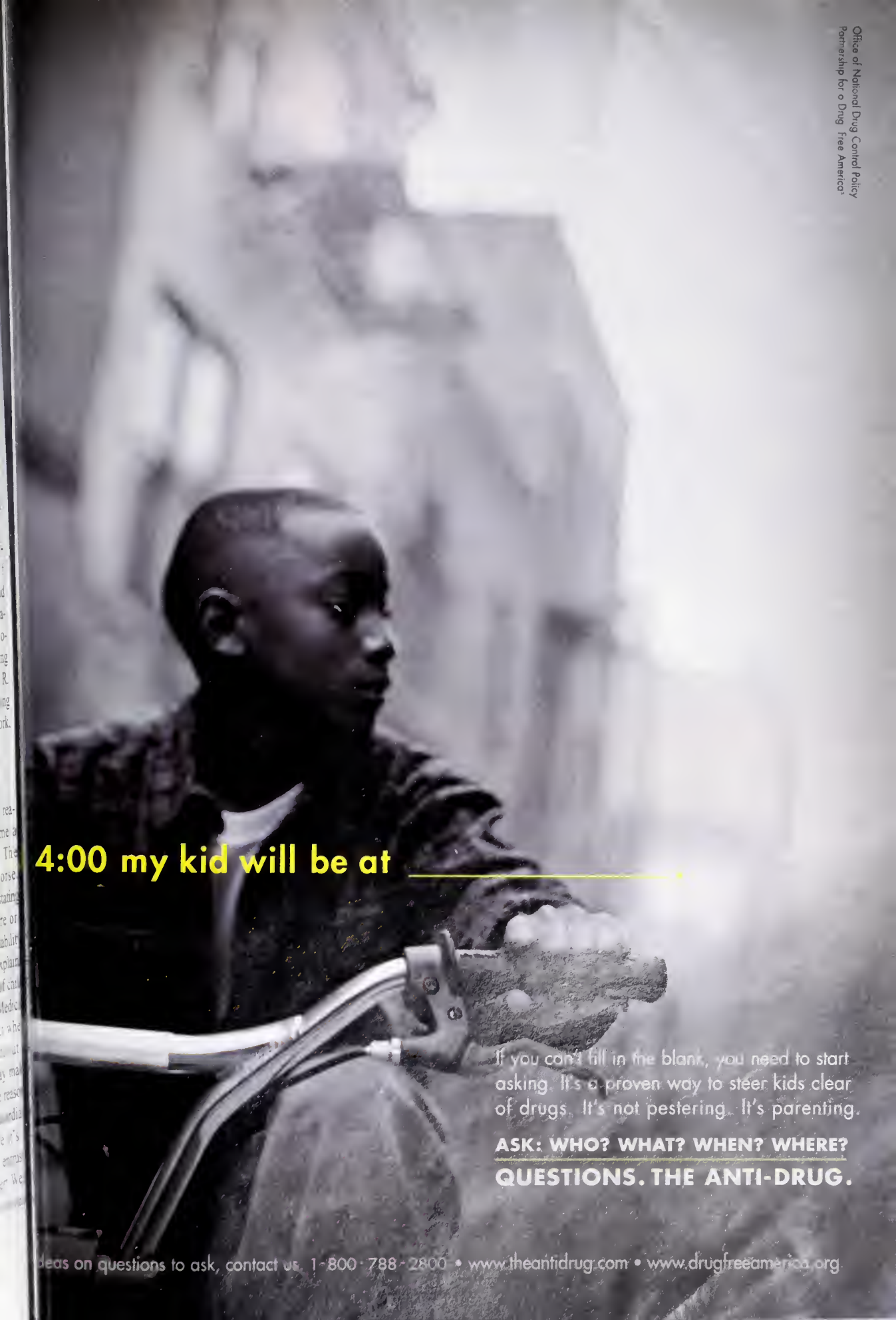
The initial joy felt by friends and relatives over Chuckie's miraculous rescue, however, was soon overshadowed by a vicious, four-month-long fight over who should raise him. At first, a brother of Marla's was awarded temporary custody of Chuckie, but later, a sister claimed that he had raped her years before. Marla, she said, had told her that she should take Chuckie if anything happened. A couple who were longtime friends of the Hoffmans, however, claimed the same thing. During 15 days of contentious hearings, several would-be parents joined the fray. Ultimately, custody was awarded to Charles Hoffman's cousin and her husband—by all accounts a sterling couple, but people that the then-21-month-old child had never even met. The battle, the trauma and the bitterness that split the family apart could easily have been avoided, legal experts said at the time, if only the Hoffmans had left a record of their wishes by writing a will.

A will is the most basic of legal documents, detailing how we want our assets divided after our death, and who we want raising our children. Yet, according to legal experts, a staggering 70 percent of Americans don't have one. "Some people feel as if making a will is inviting something bad to happen," says Jane Crock, a Charlotte, North Carolina, estate-planning attorney. "Others are convinced that because they're young and healthy, nothing bad will happen to them."

But cases like that of the Hoffmans, and the tragic events of September 11, make it clear that bad things do happen. Mothers and fathers die—sometimes they die together. "If you die without making clear what your wishes are," says R. Mark Hochberg, an estate-planning attorney in Huntington, New York, "others will decide for you."

But whom to choose?

For parents, the most important reason to write a will is to name a guardian for their children. The death of one parent—or worse, both—is psychologically devastating for kids. "When children are orphaned, above all, they need stability and emotional connection," explains Roxy Szeftel, M.D., director of child psychiatry at Cedars-Sinai Medical Center, in Los Angeles. But when parents die intestate—without a will—family in-fighting may make that impossible. "One of the reasons people put off writing a guardianship agreement is because it's so hard to decide to whom to entrust a child," says attorney Robert Weinberg, chairman of the *(continue*



If you can't fill in the blank, you need to start asking. It's a proven way to steer kids clear of drugs. It's not pestering. It's parenting.

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(continued) trusts and estates group at Pepper Hamilton LLP, in Philadelphia. "But if you have a problem, imagine how hard it will be when you're not here. You can have grandparents, uncles, aunts and friends on both sides of the family all vying for custody."

When parents die together, moreover, odds are high that the situation involved some kind of accident or disaster that could lead to a lawsuit and monetary awards for surviving children. The promise of future riches can make custody battles even nastier. In one high-profile California case, a baby boy whose parents were killed in a freeway collapse during the 1989 Loma Prieta earthquake spent weeks being shuttled back and forth between warring grandparents, each of whom sought custody, claiming that the other was interested only in the $100,000 damage award coming from the state. Ultimately, the baby went to live with a cousin.

Even if no battle erupts, without a will, "your child's guardian will be appointed by a judge," says Hochberg. "He is charged with acting in the best interests of the child—but he may not place your children with the people you'd have chosen." In the case of a single parent, that can even mean a child is given to an ex-spouse who has had no contact with the child for years. "I saw one situation where a New York mother died without a guardianship agreement, leaving a twelve-year-old daughter," says Hochberg. "The last thing she would have wanted was for that daughter to move to California to live with her father. It was the last thing the daughter wanted, too. But that was what the court ordered."

There's another worst-case possibility to consider, as well: If you don't prearrange guardianship for your children, no one may come forward to take them. "Many people, especially those who already have families, don't feel they have room in their lives for more children," says Roxy Szeftel. "It means expense, disruption, perhaps buying a new home. It's a heavy burden." Siblings may be split up and sent to separate families. The state may even place them in foster care.



Consider this scenario: What if you died without first arranging guardianship for your children, and no one you knew came forward to take them?

Death and taxes

Dying intestate also puts your family at financial risk. Many of us think that estate planning is necessary only for the rich, but proceeds from life insurance, savings, investments and retirement accounts can add up. When a husband or wife dies, the surviving spouse can inherit unlimited funds tax-free. Children, however, must start paying taxes once an estate surpasses $675,000. (That will increase to $1 million next year.)

"Imagine that you and your husband are in a terrible accident," says Colleen Calkins, of Reinstein & Calkins, in Los Angeles, and an attorney who specializes in estate planning. "You die immediately, and he passes away a week later. If you'd written a will, it might have specified that your husband inherit your assets only if he survived you for a specific period of time, say six months. If he didn't live that long, his money would remain his, and your children would be entitled to the $675,000 exemption for each of you. Without a will, though, when he dies, your assets become part of his estate, which now has doubled, and only $675,000 is exempt. Taxes will claim a good part of your children's inheritance."

Not having a will can cause another, even more serious problem. "Children, as minors, can't take legal ownership of assets left to them," says Robert Weinberg. "Unless and until a guardian is named, everything comes to a stop." In one case, three orphaned children being cared for by an uncle nearly lost their family home because no guardian had been authorized to receive their parents' insurance payou and cover the mortgage. Had there been a will, the children would hav been saved much uncertainty at a extraordinarily painful time.

Finally, not only can the lack of will keep kids from getting the mon ey to which they're entitled, it ca mean that later, they get too muc money, too soon. In a will, paren can spell out how and when the children get access to the asse they've left. Most choose to put t money in a trust, to be managed by trustee whom they've chosen, un the child reaches an age they've c cided on. But parents who die i testate risk giving their kids t chance to blow everything. "U less a will *(continued on page*

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and depend on your diet and training program. Marla lost 35 lbs. in 10 weeks by combining diet, exercise and Hydroxycut. Average weight loss expected is 8.4 lbs. in 8 weeks. "This edra and may cause serious adverse health effects if used improperly." IMPORTANT: READ ENTIRE LABEL BEFORE USE AND CAREFULLY FOLLOW THE LABELED DIRECTIONS FOR USE

Cook once, serve twice

THESE RECIPES SAVE YOU WORK—WHAT YOU COOK ONE NIGHT PUTS YOU STEPS AHEAD FOR TOMORROW'S DINNER—AND YOU'LL LOVE HOW THEY TASTE, TOO



Tonight's delicious Rosemary Pesto Roast Chicken gives you more than enough meat for spicy Black Bean Enchiladas the next day. (These two recipes, page 88; turn the page for more two-for-one entrées.)


DAY 2

BEEF AND PORTOBELLO MEATLOAF

(Day 1)

Prep time: 18 minutes
Baking time: 1 hour 10 minutes plus standing

4 ounces portobello mushroom caps
5 garlic cloves, chopped
1 teaspoon dried Italian seasoning
½ teaspoon crushed red pepper
½ teaspoon salt
1¾ pounds ground beef
1 cup soft breadcrumbs
2 eggs, beaten
2 tablespoons Worcestershire sauce
5 tablespoons tomato paste, divided

1. Heat oven to 350°F. With a knife or a teaspoon, gently scrape away the gills (the black portion underneath the caps) from mushroom caps.
2. Place mushrooms in a food processor with garlic, Italian seasoning, red pepper and salt and process until finely chopped but not pasty. Transfer mushroom mixture to a large bowl; combine with beef, breadcrumbs, eggs, Worcestershire sauce and all but 2 tablespoons tomato paste. Gently press the mixture evenly into an 8x4x2-inch loaf pan, forming a rounded loaf. Spread remaining tomato paste over top. (*Can be made ahead. Cover and refrigerate overnight.*)
3. Bake, uncovered, 1 hour 10 minutes, or until an instant-read thermometer* inserted in center of loaf registers 180°F. Let meatloaf stand 10 minutes, then carefully unmold onto a cutting board and slice. Makes 4 to 6 servings.



The meatloaf takes minimal time to prep, and you can attend to other things while it cooks. The next day's lasagne cuts the fuss, too, using no-boil noodles to make the dish just a matter of a little chopping and then assembling the ingredients

Per serving: 485 calories, 37.5 g total fat, 15 g saturated fat, 184 mg cholesterol, 550 mg sodium, 11 g carbohydrates, 26 g protein, 39 mg calcium, 1 g fiber

To order, see our special offer on page 88.

FOUR-CHEESE LASAGNE

(Day 2)

Prep time: 35 minutes
Baking time: 45 minutes plus standing



1 tablespoon olive oil
2 medium onions, finely chopped
2 carrots, finely chopped
1 small fennel bulb, finely chopped
6 garlic cloves, minced
1 teaspoon fennel seeds (optional)
5 cups purchased pasta sauce
¼ teaspoon ground red pepper
¼ cup shredded mozzarella cheese
¼ cup shredded Asiago cheese
¼ cup shredded pecorino cheese
¼ cup shredded Parmesan cheese
¼ cup thinly sliced fresh basil
1 twelve-ounce package no-boil lasagne noodles (12 noodles)
1½ to 2 cups crumbled Meatloaf (recipe, left)

1. Heat oil in a large saucepan ov medium-high heat. Add onions, ca rots, fennel, garlic and fennel see and cook until onions and carrots a slightly browned, 8 *(continu*

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Campbell's® Tasty 2-Step Pork Chops

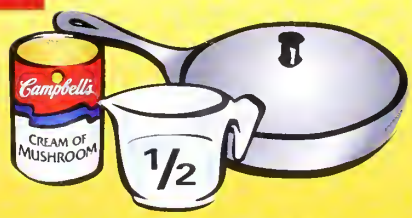
Prep/Cook Time: 20 min. • Serves 4

1. BROWN



4 Boneless Pork Chops.

2. ADD



Soup* & Water. Cover & Simmer Until Done.

*Also delicious with Cream of Celery, Tomato with Roasted Garlic & Herbs or Cream of Mushroom with Roasted Garlic (use 1/2 cup milk) soups.

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Campbell's® Tasty 2-Step Chicken

Prep/Cook Time: 20 min. • Serves 4

1. BROWN



4 Boneless Chicken Breasts.

2. ADD



Soup* & Water. Cover & Simmer Until Done.

*Also delicious with Cream of Chicken, Cream of Celery or Tomato with Roasted Garlic & Herbs soups.

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Campbell's® 2-Step Beefy Taco Joes

Prep/Cook Time: 15 min. • Makes 8 Sandwiches

1. BROWN



1 lb. Ground Beef.

2. ADD



...rough.
...ls.*

*Also delicious

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Campbell's® 2-Step Creamy Chicken & Pas

Prep/Cook Time: 20 min. • Serves 4

1. BROWN



1 lb. Cut-Up Boneless Chicken Breasts.

2. ADD



Frozen Vegetable Pasta Blend, Soup* & Water. Cover & Simmer Until Done.

*Also delicious with Cream of Mushroom or Cream of Celery soups.

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M'M! M'M! GOOD!®

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(continued) minutes. Stir in pasta sauce and red pepper. Reduce heat to low and cook, covered, stirring occasionally, until vegetables are tender, 14 minutes.

. Meanwhile, combine heeses in a bowl; stir in asil.

. Heat oven to 350°F. ightly grease a 3-quart aking dish. Line bottom f dish with a single lay- of lasagne noodles. pread with ⅓ of sauce. over with ⅓ of the umbled meatloaf, then p with ¼ of the cheese id basil mixture. Re- at layering 2 more nes, alternating direc- on of noodles each ne. Cover with foil and bake, 40 nutes. Uncover; sprinkle remaining eese on top and bake 5 minutes ore or until lasagne is cooked ough and top is bubbly. Remove m oven and let stand 15 minutes ore serving. Makes 8 servings.

erving: 415 calories, 14.5 g total fat, 5 g saturated 4 mg cholesterol, 843 mg sodium, 55 g carbohy- s, 18 g protein, 230 mg calcium, 8 g fiber

HERB GRILLED STEAK
(Day 1)

Prep time: 10 minutes plus chilling
Grilling time: 14 to 18 minutes plus standing

1 lime
½ cup butter, softened (no substitutes)
6 green onions, divided
2 tablespoons herbes de Provence
2 teaspoons dried thyme, crushed
1 teaspoon salt

With green onions and an assortment of herbs, grilled steak is a flavorful entrée on its own. Add eggplant and cherry-pepper spread on Day 2 and you've got a gourmet-style sandwich for lunch the next day



1 teaspoon freshly ground pepper
5 teaspoons olive oil, divided
1 two-pound boneless beef sirloin steak (1 to 1½-inches thick)

1. Finely grate peel from lime. Cut lime in half and strain juice into a bowl with peel. Using a fork, mash butter with lime peel and juice until thoroughly combined. Wrap butter mixture in plastic wrap and form into a 1-inch-thick log about 5 inches long, twisting ends to close. Chill until firm.
2. Finely chop 2 of the onions and combine with herbes de Provence, thyme, salt and pepper in a small bowl; set aside. Brush remaining onions with 1 teaspoon of oil; set aside. Brush 2 teaspoons oil on both sides of steak, then rub on herb mixture.
3. In a grill pan, heat remaining oil over medium heat. Grill steak 7 to 9 minutes per side, until a meat thermometer inserted in the steak reaches 145°F. for medium. Add onions the last 4 minutes of grilling, turning once. Let steak rest 5 minutes before slicing. Top each serving with ¼-inch-thick slice of lime butter. Makes 4 servings.

Per 3 oz. serving: 215 calories, 14.5 g total fat, 5.5 g saturated fat, 68 mg cholesterol, 333 mg sodium, 1 g carbohydrates, 20 g protein, 23 mg calcium, 0 g fiber

STEAK SANDWICHES
(Day 2)

Prep time: 40 minutes plus standing
Baking time: 35 minutes

1 eggplant (1½ lbs.), cut lengthwise into four ¾-inch slices
1 teaspoon salt
1 tablespoon olive oil

Cherry pepper spread:
1 tablespoon olive oil
½ cup chopped shallots
½ pound mild cherry peppers, seeded
2 teaspoons dried Italian seasoning
¼ teaspoon salt

4 six-inch Italian sourdough loaves, sliced lengthwise *(continued)*





Mmmm, ribs! If you like food hearty, this duo is sure to please. The Spicy Barbecued Baby Back Ribs of Day 1 make short order of stew for the next day—less than an hour, stovetop to table

2 cups mixed greens
12 ounces Herb Grilled Steak (recipe page 85), thinly sliced
1 small red onion, thinly sliced
¼ cup freshly grated Parmesan cheese

1. Arrange eggplant slices on a dou layer of paper towels. Sprinkle b sides with salt; cover and set aside 30 minutes.
2. Heat oven to 350°F. Rinse eggp

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d pat dry. Rub slices with olive oil
d place in a single layer on a baking
et lined with foil. Bake until cooked
ough but slightly firm, 35 minutes.
nove from oven, cover with foil.
Make cherry pepper spread: Mean-
ile, heat oil in a large skillet. Add
llots and cook 3 minutes. Stir in pep-
s, Italian seasoning and salt, 2 min-
. Reduce heat and cover; cook until
ture is soft, stirring occasionally, 10
5 minutes. Cool completely. Puree
ture in a blender until nearly smooth.
nsfer to a bowl; cover and set aside.
To assemble: Toast bread in
n, 10 minutes, if desired. Spread
blespoons cherry pepper spread
ottom halves of bread. Top with
up mixed greens and 1 eggplant
e. Arrange steak slices on top
ggplant. Add onion and Parme-
cheese. Spread top halves of
d with remaining cherry pepper
ad and top sandwich. Makes
vings.

dwich: 815 calories, 39.5 g total fat, 12.5 g satu-
t, 158 mg cholesterol, 1,472 mg sodium, 55 g
drates, 58 g protein, 193 mg calcium, 6 g fiber

SPICY BARBECUED BABY BACK RIBS (Day 1)

Prep time: 15 minutes
Baking time: 50 to 70 minutes

1 tablespoon vegetable oil
¼ cup chopped onion
2 to 3 jalapeño peppers, seeded and finely chopped
3 garlic cloves, finely chopped
½ cup ketchup
½ cup apple jelly
¼ cup cider vinegar
1 tablespoon bottled steak sauce
3½ pounds pork baby back ribs
½ teaspoon salt

1. Heat oil in a saucepan over medium heat. Add onion, peppers and garlic and stir until tender, 3 minutes. Stir in ketchup, jelly, vinegar and steak sauce and just bring to a boil. Reduce heat to low and simmer, uncovered, stirring occasionally, 5 minutes.
2. Heat oven to 350°F. Line a shallow roasting pan with double thickness of foil. Rub ribs with salt and place meaty side down in pan. Brush with ⅓ (about ½ cup) of sauce mixture and bake 25 to 35 minutes. Turn ribs and brush with another ⅓ of sauce. Bake 25 to 35 minutes more or until ribs are tender. Heat remaining sauce until bubbly; serve with the ribs. Makes 4 servings.

Per serving: 500 calories, 33 g total fat, 11.5 g saturated fat, 122 mg cholesterol, 587 mg sodium, 26 g carbohydrates, 26 g protein, 58 mg calcium, 1 g fiber

NAVY BEANS AND RIB STEW (Day 2)

Prep time: 20 minutes
Cooking time: 35 minutes

1 to 1½ pounds Spicy Barbecued Baby Back Ribs (recipe,left)
1 tablespoon vegetable oil
1 large onion, chopped
1 large carrot, peeled and chopped
2 medium celery stalks, chopped
2 teaspoons dried sage, crushed
½ teaspoon freshly ground pepper
¼ cup dry white wine
2 cans (14½ oz. each) navy beans, drained and rinsed *(continued)*

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COOK ONCE, SERVE TWICE

Continued

2 cups chicken broth
¼ cup bottled barbecue sauce

1. Cut ribs into two-rib portions. Set aside.
2. Heat oil in a large saucepan over medium-high heat. Add onion, carrot, celery, sage and pepper and stir over medium heat until vegetables are tender, 5 minutes. Add wine and reduce heat to low. Stir in beans, broth and barbecue sauce and simmer, covered, 20 minutes, stirring often. Add ribs and cook until heated through, 10 minutes. Makes 4 servings.

Per serving: 455 calories, 22.5 g total fat, 6.5 g saturated fat, 61 mg cholesterol, 1,288 mg sodium, 42 g carbohydrates, 23 g protein, 108 mg calcium, 8 g fiber

ROSEMARY PESTO ROAST CHICKEN (Day 1)

Prep time: 20 minutes
Roasting time: 1 hour 25 minutes to 2 hours, plus standing

Rosemary pesto:
1 cup lightly packed fresh basil leave
½ cup pine nuts
½ cup freshly grated Parmesan chees
¼ cup olive oil
¼ cup fresh rosemary leaves
2 tablespoons chopped garlic cloves
½ teaspoon salt
¼ teaspoon freshly ground pepper

1 whole chicken (4 to 5 lbs.)
3 lemons, quartered

1. *Make rosemary pesto: (contin*

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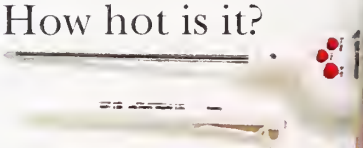




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¡Tis the Season to Fiesta!



Flantástico!

For Caramel:

1 cup sugar
1/3 cup water
1/2 tsp. lemon juice

For Flan:

1 can (13.5oz.) Goya Coconut Milk
2 cups heavy cream
6 eggs
1/2 cup sugar
1 1/2 tsp. Goya Vanilla Extract
Pinch of salt

Cooking Equipment: 1 1/2 qt. soufflé dish or 8 – 6 oz. oven-proof ramekins. 1 roasting pan large enough to hold soufflé dish or ramekins

For Caramel: In saucepan, add sugar, water and lemon juice. Bring to simmer. Swirl pan for even cooking. Stop cooking when liquid turns golden. Pour caramel into soufflé dish or ramekins.

For Flan: In saucepan on medium, heat coconut milk and cream. Don't boil. Remove from heat. Boil 3 quarts water. In bowl, gently whisk eggs, sugar, vanilla and salt. Whisk warm coconut milk and cream into egg mixture. Pour flan mixture into soufflé dish or ramekins. Place in roasting pan. Fill halfway up with hot water. Cover loosely with aluminum foil and place in oven. Cook soufflé dish for 70 minutes; ramekins for 30. When knife inserted into center of flan comes out clean, it's done. Remove flan to cool. Serve at room temperature or slightly chilled. To loosen flan from dish, slide knife around mold. Place serving dish on mold and invert. Shake gently if flan does not release. Garnish and get ready to fiesta! Serves 8

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COOK ONCE, SERVE TWICE

Continued

Puree all ingredients in blender until almost smooth. Set aside.

2. Rinse chicken. Pat dry with paper towels. Place lemons in cavity. Fasten neck skin over back with toothpicks. Tie legs to tail. Spread half the pesto under the skin. Rub remaining pesto over chicken.

3. Heat oven to 375°F. Place chicken, breast side up, on a rack in a shallow roasting pan. Roast, uncovered, 1 hour 25 minutes to 2 hours, or until an instant-read thermometer* inserted in thigh registers 180°F.

4. Transfer chicken to a cutting board. Cover loosely with foil; let stand 10 minutes. Makes 4 servings.

Per 6 oz. serving: 585 calories, 41 g total fat, 10.5 g saturated fat, 140 mg cholesterol, 475 mg sodium, 5 g carbohydrates, 49 g protein, 179 mg calcium, 2 g fiber

To order, see special offer on page 88.

BLACK-BEAN ENCHILADAS (Day 2)

Prep time: 40 minutes
Baking time: 15 to 18 minutes

1 to 2 chipotle chile peppers
1 can (19 oz.) black beans
1 tablespoon olive oil
1 small onion, chopped
3 garlic cloves, minced
2 teaspoons chili powder
1 teaspoon cumin
1½ cups chopped Rosemary Pesto Roast Chicken (recipe, above)
1½ cups chopped tomatoes, divided
1 tablespoon finely chopped fresh rosemary
½ teaspoon salt
10 seven-inch flour tortillas
2 cups plus 2 tablespoons shredded Monterey Jack cheese divided
½ cup chopped cilantro
1 cup purchased mild salsa
Cilantro sprigs, for garnish

1. Soak chipotles in hot water, 10 minutes. Drain and chop. Meanwhile, in a separate bowl, drain beans, reserving 3 tablespoons of the liquid.

2. Heat oil in a large skillet over medium heat. Add onion and garlic and cook 2 to 3 minutes. Stir in chili powder and cumin, 2 minutes. Add chicken, all but 2 tablespoons tomatoes, chipotles, rosemary and salt; stir 5 minutes. Reduce heat; add beans and reserved liquid and simmer 8 minutes.

3. Meanwhile, heat oven to 350°F. Grease a 13x9-inch baking dish. Cover tortillas with a clean cloth and microwave on High, 2 minutes.

4. Spoon ⅓ cup of bean mixture down center of one tortilla. Arrange 2 tablespoons cheese and 1 teaspoon cilantro on top. Roll up and place, seam side down, in baking dish. Repeat, arranging in a single layer in baking dish. Cover with foil and bake, 15 to minutes.

5. Remove from oven; top with salsa, remaining cheese, tomatoes and cilantro sprigs. Makes 4 to 6 servings.

Per serving: 780 calories, 40 g total fat, 14 g saturated fat, 107 mg cholesterol, 1,686 mg sodium, 63 g carbohydrates, 44 g protein, 570 mg calcium, 11 g fiber

ORANGE ROASTED TURKEY (Day 1)

Prep time: 15 minutes
Roasting time: 2¾ to 3¼ hours plus standing

1 whole turkey (10 to 12 lbs.), thawed if frozen
½ teaspoon salt
¼ teaspoon white pepper
4 to 5 seedless oranges
¼ cup fresh thyme, divided
1 tablespoon frozen orange juice concentrate, thawed
1 tablespoon lemon juice
1 tablespoon honey

1. Heat oven to 325°F. Remove neck and giblets from turkey. Rinse turkey, drain and pat dry with paper towels. Sprinkle cavity with salt and pepper.

2. Halve and juice one of the oranges. Cut another orange into thin slices; set aside. Quarter remaining oranges; place with ⅓ of the thyme in the turkey cavity. Fasten neck skin over back of turkey with toothpicks. Tie legs together. Place turkey, breast *(con.*


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(continued) side up, on a rack in a shallow roasting pan.

3. In a bowl, combine reserved orange juice with orange juice concentrate, lemon juice, honey and remaining thyme. Set aside.

4. Roast turkey for 2¾ to 3¼ hours, basting with orange juice mixture every ½ hour. When skin is golden brown, about ⅔ done, shield breast loosely with foil.

5. *Start testing for doneness ½ hour before end times:* Insert metal section of an instant-read thermometer* at least 2 inches into the inner thigh. Let stand 20 seconds, until temperature reaches 180°F. (If turkey needs more roasting, remove the thermometer before returning it to the oven; wash the stem section in hot, soapy water after each use. Even if your turkey has a pop-up temperature device, the USDA recommends double-checking with another thermometer for safety.) Cover turkey with orange slices the last 20 minutes of roasting.

6. Transfer turkey to a serving platter; let stand 20 minutes before carving. Makes 8 servings.

Per 4-oz. serving: 235 calories, 10.5 g total fat, 3 g saturated fat, 93 mg cholesterol, 118 mg sodium, 1 g carbohydrates, 32 g protein, 32 mg calcium, 0 g fiber

To order, see special offer on page 88.

Perfect for a Sunday supper, Orange Roasted Turkey gets a tangy boost from thin-sliced citrus and juice. On Day 2, it transforms into a just-as-colorful—and flavorful—stew with corn and sweet potatoes

TURKEY STEW WITH SWEET POTATOES (Day 2)

Prep time: 25 minutes
Cooking time: 12 minutes

1 large russet potato, peeled and chopped
1 can (14½ oz.) chicken broth
3 small ears frozen corn on the cob, thawed
1½ cups milk
12 ounces Orange Roasted Turkey (recipe, left), cut into ½-inch pieces
2 medium sweet potatoes, peeled and cut into ¾-inch cubes
¼ teaspoon white pepper
¼ cup coarsely chopped flat-leaf parsley

1. Combine russet potato and chicken broth in a large saucepan. Bring just to boiling. Reduce heat and simmer, uncovered, until potato is tender, 12 minutes. Remove from heat. Using a potato masher, mash potato until mixture is nearly smooth.

2. Cut corn kernels from two ears; carefully cut remaining ear crosswise into 1-inch rings.

3. Stir milk, corn, turkey, sweet potatoes and pepper into saucepan with potato mixture. Bring just to boiling. Reduce heat and cook, uncovered, until sweet potato is tender, 12 minutes. Stir in parsley just before serving. Makes 4 servings.

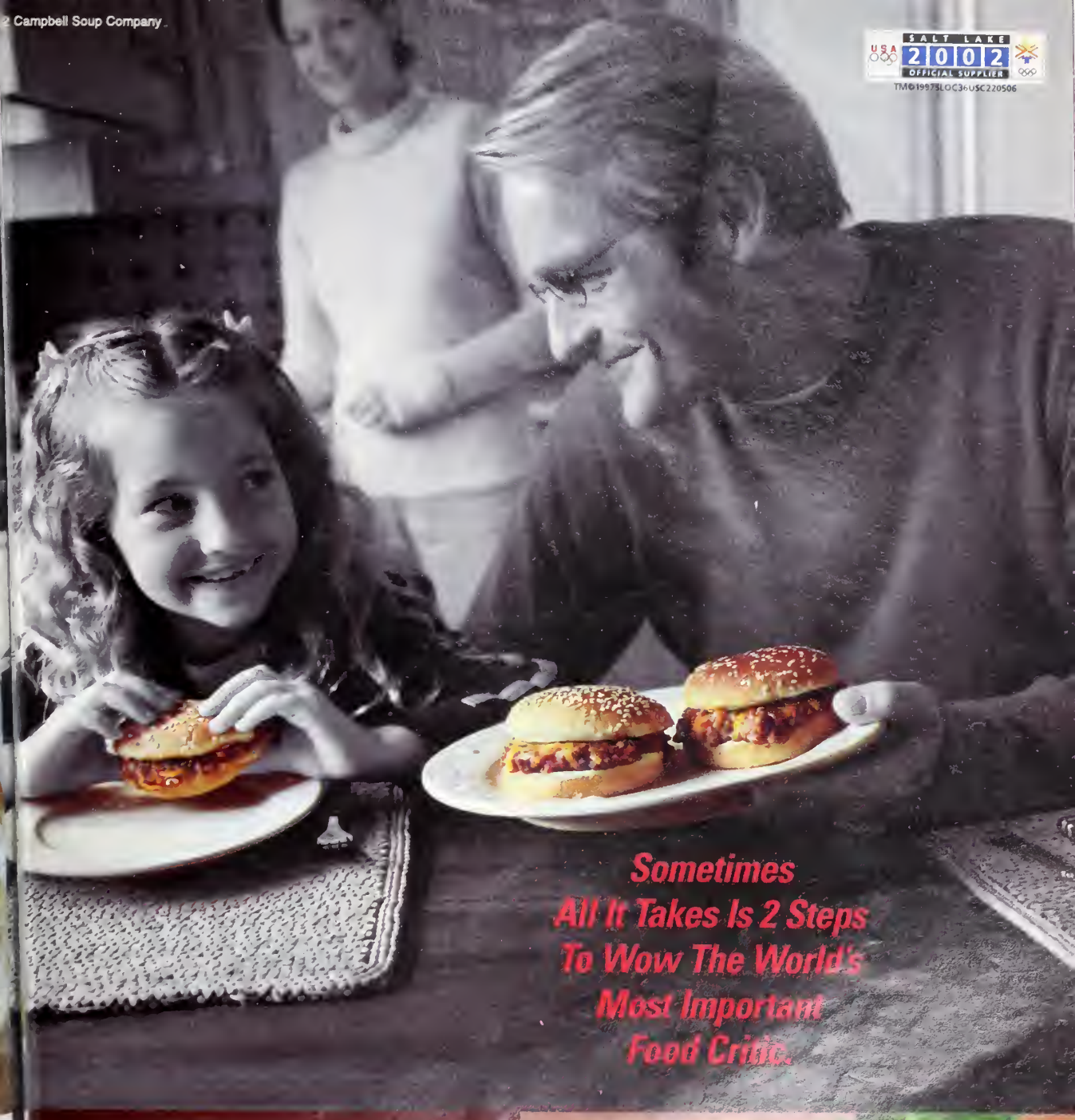


Per serving: 400 calories, 8.5 g total fat, 3.5 g saturated fat, 78 mg cholesterol, 564 mg sodium, 49 g carbohydrates, 33 g protein, 153 mg calcium, 4 g fiber

You'll find more delicious recipes, plus ways to transform leftovers, at the Recipe Center at *www.lhj.com*; simply search "leftover."

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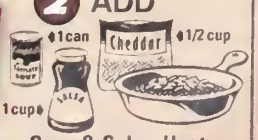
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Gather the gang

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BEEF AND PINTO-BEAN CHILI

Prep time: 40 minutes plus standing
Cooking time: 2 hours 20 minutes to 2 hours 35 minutes

Beef chili:
1 (4½ to 5 lbs.) beef bottom round roast, trimmed of excess fat and cut into 1-inch cubes
1 teaspoon salt
10 teaspoons olive oil, divided
1½ cups finely chopped onions
2 large garlic cloves, finely chopped
6 tablespoons chili powder
1 bottle (12 oz.) beer
1 can (14½ oz.) diced tomatoes with jalapeño peppers
1 teaspoon oregano
1 tablespoon flour
2 tablespoons water

Pinto beans:
2 teaspoons olive oil
¾ cup finely chopped onion
1 teaspoon cumin seed
4 cups chicken broth
1 pound dry pinto beans, soaked according to package directions, drained
½ cup water, if needed
½ teaspoon salt

Pepper relish:
1 large red bell pepper, seeded, finely diced
1 large yellow bell pepper, seeded, finely diced
1 small onion, finely diced
¼ cup finely chopped fresh cilantro

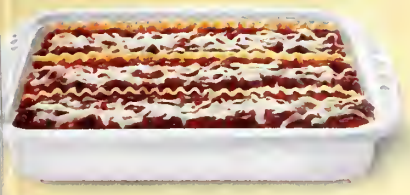
6 cups cooked rice (optional)
Sour cream (optional)

1. *Make beef chili*: Dry beef with paper towels; sprinkle with salt. Heat 2 teaspoons oil in a Dutch oven over high heat. Add ¼ of the beef and brown 3 minutes, turning once. Transfer to a large bowl. Repeat with oil and remaining beef; transfer to bowl.
2. Heat remaining 2 teaspoons oil in the same pot. Add the onion and garlic; reduce heat to medium and cook 2 to 3 minutes. Stir in chili powder and cook 30 seconds, until aromatic. Pour in beer; bring to a boil for 1 minute. Stir in tomatoes, oregano and beef. Bring to a boil. Reduce heat to low, cover and simmer 1½ hours, stirring occasionally. Uncover; simmer 30 to 45 minutes more until meat is very tender. Stir flour and water in a cup until smooth; add to chili and cook 2 minutes more.
3. *Make pinto beans:* Meanwhile, heat oil in a large saucepan over medium-high heat. Add onion and cumin and cook 2 to 3 minutes until onions soften. Add broth and beans; bring to a boil. Cover, reduce heat and cook at a high simmer, 45 minutes. Uncover and cook 15 to 30 minutes more until most of the liquid has been absorbed. If beans need extra liquid during cooking, add ½ cup water; re-cover, and cook until beans are tender. Stir in salt. Combine beans with beef chili. (*Can be made up to 3 days ahead. Reheat in Dutch oven over medium heat, stirring occasionally, until hot, 30 to 40 minutes.*)
4. *Make pepper relish:* Combine peppers, onion and cilantro in a bowl. Serve 1 cup of chili over ½ cup of rice. Top each portion with a dollop of sour cream and a spoonful of relish. Makes 12 cups.

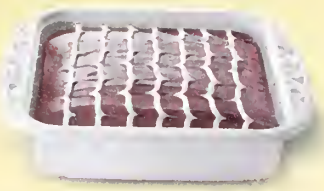
Per cup: 460 calories, 15 g total fat, 4 g saturated fat, 100 mg cholesterol, 915 mg sodium, 33 g carbohydrates, 47 g protein, 86 mg calcium, 8 g fiber ■

Recipe by Cynthia DePersio

To find dozens more recipes for chili, toppings and other game-day fare, log on to www.lhj.com and click on the Recipe Center.



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WHO WOULD RAISE YOUR KIDS?

Continued from page 80

specifies when the money is to be paid out, children are entitled to their entire inheritance when they turn eighteen," says Hochberg. "By nineteen, it all may be gone."

Preparing for the unthinkable

Protecting your children in case something happens to you requires careful thought. Here are the steps to take and issues to consider:

■ Consult a financial planner or an attorney who handles estate planning. He or she can help you review your investments, make sure that title to your assets are worded properly so that survivors can have access to them without delay and see if you have enough insurance coverage so your children won't be a burden to whoever cares for them. (One standard recommendation is that you need approximately six to 10 times your annual income.) Buying relatively low-cost "term" insurance, which doesn't grow in value but simply pays a benefit at death, is an affordable way to do this.

It's possible to draft your own will with the aid of computer programs and books, but estate-planning specialists point out that because laws vary from state to state and the stakes are so high, it's worth paying an attorney to do the job. (To find a qualified lawyer in your area, check the referral section of the American Bar Association's Web site at *www.abanet.org*. The National Association of Estate Planners and Councils' site at *www.naepc.org* can help you find an accredited planner near you.)

■ Pick an executor, someone who will follow your instructions in distributing the assets you leave. You'll also need to decide on a trustee to manage your children's money until they reach whatever age you've decided. You need someone serious and responsible, since the job carries a great deal of responsibility. It's also obviously a must to talk to the person you've chosen, to be sure he or she is willing to do the work.

■ Choose someone to name as permanent guardian for your children—and select two or three alternates as well, in case your first choice can't come through. Picking a guardian to care for your children is an extremely personal decision. He or she may be the same person as the one you select to manage your children's money, but needn't—and some say shouldn't—be since someone whose strength is nurturing may have no talent for investing, and vice versa. And "Because the guardian may be entitled to payment from the trust for child-rearing expenses, having someone else handle the money provides some checks and balances," says Colleen Calkins.

Some issues experts recommend considering when thinking about possible guardians are: Do they have a lifestyle and values you feel comfortable with? Are they ready to take on additional child-rearing responsibility—and young and healthy enough to care for your children until they're grown? If they have children, how will yours fit into the family dynamic? And though it seems obvious, Jane Crock emphasizes that before you do anything, "You must talk to your chosen guardian or guardians very seriously about their commitment to this responsibility."

■ Finally, figure out when your children should get their inheritance, and what kind of instructions you wish to leave to your trustee and guardian. Attorneys caution against being too specific. "Requiring that a child be raised in a specific religion or attend a certain college invites legal problems," says Weinberg. "If those requirements aren't met, will others step in and challenge the custody arrangement? What I recommend instead is that you go home and write a letter with your wishes addressed to the trustee or guardian that's put with the will but isn't part of it."

Once your will is written, don't just forget about it. "Because people's health and situations can change, I recommend re-asking your chosen guardians every two or three years if they're still willing to take your children," says Jane Crock. R. Mark Hochberg adds that if your own financial situation changes dramatically, if you get married or divorced, your children mature or the tax laws change, you may need to update your will. And although your attorney usually keeps a copy of your will, it's a good idea to have a copy of your own stored in a safe, accessible place.

The most important part of will writing is a simple imperative: Do it now. In a world that has become increasingly uncertain, it's a way to reassert some control. When it comes to ensuring our children's well-being, planning for the worst isn't morbid but an act of love. "I have a five-year-old daughter," says Crock. "If something happens to me, I know she'll be cared for." ■

Carol Lynn Mithers is a contributing editor of Ladies' Home Journal.

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ntal Legrand reveals:

ow I lost 54 pounds without ieting or medication in less han 6 weeks!

d since I haven't gained ingle ounce back!)

one in my family to gain weight And I'm certainly eption to that rule!

ny parents' home at the of 22 and moved into a partment near work. As I g alone for the first time, lose attention to what I g. Especially because of ts of my mother's good were starting to appear gure! At home, I made ls along the lines of yo- es and grains. From time 'd make a treat, such as nds came over for din- I was able to maintain weight.

dency to gain got hold of me!

arried at 25, and was ex- first child a year later... ays hungry and so, to conscience, I'd say "Go 're eating for two now!" elaborate meals for my nd, because he came nch during the week, we g two large meals a day. se, after eating at that n to gain weight! Even ild was born, I contin- instead of losing weight of about 2 pounds each

of events didn't put me rly good mood, and my pt telling me "Just eat g weight upsets you so how can someone re- elicious good food? I rsuade myself to cut ecause I was staying at for my little girl, I was empted to snack be- A cookie here, a bit re. And I continued to

rted trying everything, except...

Discouraged, I started trying all the tricks, appetite suppressants, creams, diets and medications. Fads came and went and I had spent a fortune with no result. Sometimes I managed to lose 5-6 pounds, but after having stopped, I would gain back what I had lost, and sometimes even more. The situation was almost comical.

The situation stopped being funny when I reached the shocking weight of 174 pounds (I'm 5'2")—more than pleasantly plump. I was depressed and I didn't know how to lose the excess weight that was spoiling my life...

I wanted to try this famous weight-loss plan that everyone is talking about...

I had read surprising articles in many newspapers about a plan that really helped people lose weight who hadn't had any success before. I read the story of a young woman in whom I recognized a little bit of myself. Just like me, she had gained a lot of weight during and after pregnancy. But thanks to this plan, she managed to lose 35 pounds in 4 weeks...

However, as I was pretty skeptical of all these kinds of weight-loss plans and treatments, I only half-believed that *this* plan would work. In any event, I wasn't risking anything by trying the plan, because I would be refunded if I didn't get the results I wanted.

So I ordered the weight-loss plan. I was so surprised when I received the package! It was as if this plant extracts weight-loss plan was created especially for me! I could lose weight while still eating the way I wanted. Fantastic! I couldn't see myself following a strict diet while cooking normally for my family. I had some trouble believing — it seemed really too good to be true!



"After I had lost more than 54 pounds due to this natural treatment and without starving at all, it was one of the best moments in my life..



... I can hardly believe that I looked like this not too long ago. Today I hardly recognize myself."

After the first day, I lost 2 pounds!

The next day I started the 16-plant weight-loss plan. It was on my daughter's birthday —she was two years old— and we had invited some friends over for lunch. I had prepared a delicious meal and, for dessert, a huge cream cake. I wasn't about to deprive myself of all that! So I ate along with the others, and yet, when I weighed myself the next day on the bathroom scale, I had lost 2 pounds! It was unbelievable! And very encouraging!

The way my weight loss corresponded to the woman's story in the newspaper article was very surprising! She had said that she lost 8 to 10 pounds per week, on average, and that was the case for me!

Already 9 pounds in one short week

I was stunned to see how I'd lost weight so quickly. So I followed the weight-loss plan very carefully... It was very simple: every morning, afternoon and evening, I took the amount indicated of plant macerat before each meal, and then I ate normally and went about my normal daily routine.

The pounds started to melt away and in one week, I lost more than 9 pounds. And even better, because I didn't have to change my habits, I could eat anything I wanted.

(Please, turn over...)

PORTANT NOTICE CONSULT YOUR DOCTOR FIRST BEFORE FOLLOWING ANY WEIGHT LOSS PLAN, ESPECIALLY IF YOU HAVE HIGH BLOOD PRESSURE IF YOU ARE PREGNANT OR BREAST FEEDING OR ON MEDICATION FOR HEART
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My husband was thrilled to see me lose weight so quickly!

After that, everything happened quickly. I weighed myself every two days and each time I saw that I was still losing weight! Furthermore, my clothes were starting to really be too big. Two weeks later, I had reached 154 pounds. My husband couldn't believe his eyes. He saw me eat normally every day and yet he could see the weight loss for himself! I showed him my "secret" and he thought it was just extraordinary.

The third week, I lost no less than 13 pounds!

That's the week when I lost the most weight. I couldn't get over it. What's more, because I wasn't on a diet, I was still in great shape! I wasn't tired from losing all that weight. Quite the opposite, I felt invigorated!

I continued to follow the weight-loss plan steadily. The hardest part was those last few pounds. But after only 6 weeks, I had reached the weight that I wanted--that is, 120 pounds. I had lost 54 pounds in a month and a half.

For me, this was a miracle!

The first person to be thrilled with these results was my husband. He's taken a renewed romantic interest in me... He often takes me in his arms and shows me how much he loves my body. He's at least as proud of my accomplishments as I am.

As far as I'm concerned, I've overcome a hardship and regained a certain zest for life. I often catch myself humming happily when I'm working around the house. It's been quite a long time since that's happened to me!

And even more surprising is the fact that I haven't regained a single ounce since starting the weight-loss plan. My weight has stabilized at what really is my ideal weight of 120 pounds. And I can still eat whatever I want without any danger of gaining the weight back.

It's possible for you to lose 8 to 10 pounds per week!

By following the simple instructions for the weight-loss plan, just as I did, you will start to lose weight immediately. You could lose 8 to 10 pounds per week, easily, just until you attain your ideal weight. And you won't gain the weight back afterwards, because your weight will have reached its equilibrium. You'll remain thin, and no one will believe you ever had any problem with your weight before. You'll be proud of your figure and you'll see how that improves your overall mood. You'll be more joyful, more sure of yourself— like you're ready to climb mountains!

And you won't suffer from any of the "snacking emergencies" that are the number one enemy of people obsessed with dieting. There's really a new life that begins when you're thin.

Chantal Legrand ■















Here are the 16 plants that make you lose weight.

"some people have lost 13 pounds the first week"

Question: How can some plants help people lose weight while they still eat normally?

Answer: Recent experiments have shown that the extract of the 16 plants, when combined together, can reverse the effect of calories. In other words, instead of transforming calories into fat, the calories are instead consumed and eliminated by natural means. This combination of plant extracts constitutes a weight-loss plan that facilitates what is probably the fastest weight loss ever observed from an entirely natural treatment.

Question: Who should use this 16-plant weight-loss plan?

Answer: Anyone who has a real weight problem —10 pounds or more to lose — and who has tried to lose weight with diets or who haven't received stable results with medication or other treatments.
The plan is also suitable for anyone who cannot—or does not want to —stop eating normally.

Question: Do people lose weight quickly?

Answer: In principle, yes, very quickly. In the first 2 or 3 weeks, you can obtain significant weight loss.
Very often, people lose 9 to 13 pounds in the first week.

Question: How does the plan work? Does it require a lot of willpower?

Answer: The complete weight-loss plan consists of two vials of plant macerat. Before each meal, mix one drop of extract for every 2 pounds you want to lose in a large glass of water. For example, if you are 5'3", you ideal weight is 110 pounds. If you weigh 140 pounds and you want to lose 30 pounds, drink 15 drops of each vial with a large glass of water before breakfast, lunch and dinner.
As you'll see, unlike other methods or diets you might have tried, you can continue to eat normally. There are no restrictions, and because of this, failure to achieve and maintain your desired weight is practically impossible.In effect, this weight-loss plan requires
- No special effort
- No dieting
- No strenuous exercise

Question: What plants are used?

Answer: The weight-loss plant is composed of the extracts of 16 different plants, each with their own specific effects. In other words, each affects different part of the body. Some are diuretics while others, such as cardamom, act on the body's reserves of stored fat, transforming them into energizing sugars.

Question: What evidence proves that I'll maintain my ideal weight after having lost the excess pounds?

Answer: As you've seen for yourself, as soon as you stop a diet or stop taking weight-loss medication, the lost pounds come back very quickly.
But with this weight-loss plan, the process is reversed. Not only will you lose weight but you'll gently change your metabolism. Any worries about regaining lost weigh evaporate when you realize that you body's ability to process and transform calories. You'll have the metabolism of on of those people who can eat all they wa without gaining an ounce.
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NDY'S FAMILY FOCUS

tinued from page 31

. "He asked, 'What's the fire?' and
's really all that's come up. We
n't talked about it at all since then.
asn't asked about it."

resley has, however, been much
c inquisitive about his new sister.
's been surprisingly wonderful,"
Crawford. "Kaia was born at home,
as he, and Presley came into the
about five minutes after she was



he thing about
ving kids is you
n't have to
ure out your
orities,
cause you're
king at them"

e was so tickled and delighted. I
t say he was madly in love with
he's been sweet with her and
ied to push her off the sofa or
like that."

ical day now for Crawford is
on her children. After break-
might accompany Presley to his
g lesson or take the kids for a
m not the twenty-nine-year-old
ho was on the cover of *Vogue*,"
she says of her new, more domestic-oriented life. "I don't want to be taking Presley to the park in an outfit that some twenty-one-year-old girl with a belly ring should be wearing." When Gerber works at his home office—which is more often than not these days—the family has lunch together. If she stops off for coffee after going shopping or to the gym, Crawford compares notes with fellow moms. "If I'm standing in line and see someone else with a kid, the kids end up gravitating toward each other and you end up talking," she says. "It's a great ice breaker." Crawford, who makes a mean lasagne, meatloaf and coconut cake, often cooks dinner, then bathes the children and puts them to bed.

But the model unhesitatingly acknowledges that she's far more privileged than most moms, with plenty of help, making it easier for her to juggle parenting and career. In addition to her modeling deals with Omega, Foster Grant and Ellen Tracy, she has released a fitness video, *Cindy Crawford—A New Dimension*, with *Today* fitness guru Kathy Kaehler, and is still eying plans to launch her own line of skincare products. "Sure, there are times you feel pulled," she says. "I always ask myself, 'Is this work worth being away from my kids?' If it is, I go without guilt. But sometimes they need Mommy, and I don't go."

Besides, time spent with her children can offer some rewards that can't be found in the rarified world of a supermodel. "Now that Presley is starting to talk, we actually have conversations," she says. "I knew I would love my child, but I didn't know that I would have fun hanging out with a two-year-old." Add to that her delight at having a daughter in the family: "Being one of three girls, I can't imagine not having one."

And former concerns about getting right back into shape after childbirth aren't nearly as great this time around. "I'm not exactly my fighting weight," says Crawford, "but in light of everything that is going on in my personal life and in the world, it doesn't seem like that big of a deal. . . . I wake up every day and love my life."

By Bernard Weinraub and Paula Chin

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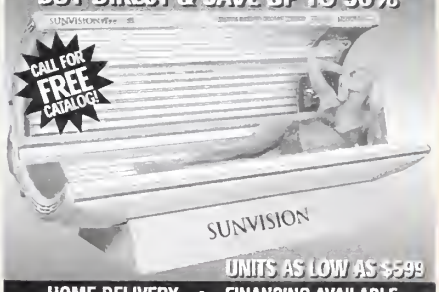
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Helping America heal

After a national tragedy, children across the country are getting involved in a common cause



WHO: Jacob Russell, 4, Cole Wolff, 3, Kajsa Mullenix, 10, and Kjell Mullenix, 6
WHAT: A lemonade stand, in Lawrence, Kansas, to raise money for the American Red Cross
WHY: Kajsa Mullenix, who has relatives that work at the Pentagon, came up with the idea when her mother told her she was too young to donate blood. "I wanted to do something for all the people affected," she says, "so we all pitched in and made $1,600."



WHO: Megan, 8, and Heaven, 3, Williams at a memorial service in Moulton, Alabama
WHAT: "The girls wanted to give to the New York fire department fund. It felt great to see them helping out," said their mother, Stacie, 33.
WHY: Megan and Heaven's father, John, 31, is a volunteer firefighter. "It felt so close to home when so many firefighters were lost. Our family wanted to be a part of the rescue effort," he said.



WHO. Deshonna Faulas. 5
WHAT: The Hope Bear Project was set up so that kids in Oklahoma City could send their support, in the form of furry friends, to kids in New York.
WHY: "Deshonna was one of thousands of kids who donated a teddy bear," said Kari Watkins, whose organization sponsored the program. "We've been through a bombing, and we knew these kids needed something to hold on to."



WHO: Whitney French, 15, and Dominique Pointer, 1
WHAT: A bucket drive sponsored by Save the Childre
WHY: In Quitman County, Mississippi, the per capita income of many families is $6,500, making it one of the poorest counties in the nation. Yet the kids raise almost $2,000. Pearl Watts, their youth director, said "These kids really wanted to give back."

—Meredith Fran

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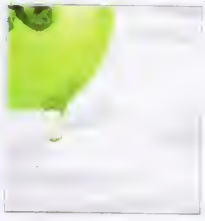
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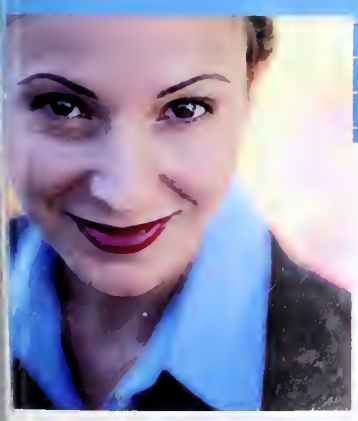
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LADIES' HOME
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editor's journal

Taking comfort

by Myrna Blyth





Above: President and Mrs. Bush enjoy a rare casual moment together. Right: Make our Mint Chocolate Sandwich Cookies for your favorite valentine



Some things change in a moment—like a plane hurtling out of the sky, destroying lives in a terrifying instant. Other things don't change—like relationships that endure, like pleasures that give us constant comfort.

In this February issue, we try, as we do each month in *Ladies' Home Journal*, to both focus on the newsworthy and celebrate constant values. For example, we have several out-of-the-headlines features, such as our story "Hope and Healing" (page 72) about Vasana Mututanont, a victim of the September 11 attack on the World Trade Center, and Barbara Ritchwood, the burn center nurse who has helped her heal.

We also have a remarkable story about Abuk Bak, a young wife and mother who lives in Boston but spent 10 years of her life in Sudan as a slave. Surprising—and horrifying—as it seems, it is a contemporary story and an amazing tale (page 51).

Also, because I know you are thinking about new dangers to your family's health, there is a report on antibiotics (page 80) explaining how these medicines sometimes hurt rather than heal. If you are a parent, I know you have also been concerned about the new testing programs many states have put into place. Read "To test or not to test" (page 118) for a discussion of the pros and cons of such programs.

But there is a lot, as well, in the magazine about what makes us feel good (and what has always made us feel good!). Like our best-ever chocolate desserts (page 134) and our new column, "Comfort Zone," that can help you kick back, cozy up and enjoy home sweet home (page 124). And haven't we all been happy to just be at home lately?

Finally, there is an up-close and personal look at the marriage of President and Mrs. Bush on page 56. It describes a strong, close, interesting relationship. I thought one comment from Mrs. Bush was particularly apt: "As we've matured, we've become more self-disciplined about criticizing each other," she said. "...One thing about politics for sure is that you nearly always have an opponent. So it doesn't have to be your spouse."

Well, even if you are not in politics, most of us want encouragement—not mudslinging—from our mates. As my personal valentine gift to my husband, I've told him that I'm going to think about that every day from now on.



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contributors



GLENNA WHITLEY

For a true love story about how a strong marriage is keeping a husband grounded in a time of crisis, read Whitley's article about the First Couple, "George & Laura: Love & Marriage" (page 56). "There is no tension on the home front," says Whitley. "Laura is strong and 150 percent in her husband's corner."

SHANNON GREER



Shooting "Away for the Weekend" (page 66), about the best fashions to take on a romantic getaway, gave Greer the chance to get away himself. A New Yorker, he enjoyed being on location in Mystic, Connecticut. "It was like a Norman Rockwell painting," says Greer, whose work has appeared in *Self*.

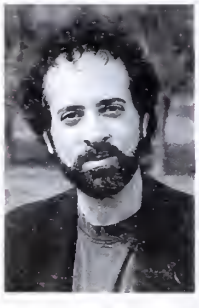


HALLIE LEVINE

Levine says the article she wrote, "Hope and Healing" (page 72), about the relationship between a burn victim of the World Trade Center attack and her nurse, serves as a reminder. "September 11 is over, but many are still rebuilding their lives," says Levine, who has also written for *Newsweek*.

MICHAEL J. WEISS

This LHJ contributing editor was inspired by reporting "I Found a New Life" (page 51), about Abuk Bak, a woman who escaped slavery in Sudan. "Her story shows how one can survive horror, make a new life and refuse to be silenced," says Weiss, who also writes for *Washingtonian*.





DAVID YELLEN

Photographer Yellen hopes the women featured in "Getting Real" (page 70), about how we scrimp and splurge on fashion items, look like you. They should: They're real people, not models. "I tried to keep them relaxed by clowning around," says Yellen, whose work has also appeared in *Sports and ESPA*

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Readers had strong feelings about today's powerful women

A feast for the eyes

I was thrilled with the November issue. It had more information and covered a wider variety of subjects—all interesting and well done—than anything I have read in a long time. I had become so tired of seeing so few stories of real value in most magazines that I had started reading their online issues and leaving it at that. Thank you for restoring my faith in the printed word, and please keep up the good work!

Carol Faver,
Smyrna, Georgia

Jeers for Spears

How can you put Britney Spears in the same category with all those other wonderful women LHJ ranked as "The Most Powerful Women in America" (November)? She's a pop star whose only influence is making preteen girls want to strut around barely dressed and getting teen boys' hormones in an uproar. But what else has she contributed to society? The other women are ones I want my daughter to look up to, but Britney Spears? Please!

Linda M. Haas,
New Tazewell, Tennessee

An invisible disease

Thank you for "The Disease That Nearly Destroyed Me" (November). As a person with chronic fatigue syndrome (CFS), I am constantly battling the general view that CFS is not a real disease. Many people interpret the name to mean that patients are just lazy. I am overjoyed for Laura Hillenbrand's success, and for the coverage that *Ladies' Home Journal* has provided of this misunderstood disease.

Cathy Simrell,
Fort Worth, Texas

Average is okay

I found "Let's Hear It For the Average Child" (November) very comforting. Unlike their classmates, our 12-year-old son and 10-year-old daughter each have only one extracurricular activity other than church. We feel that more than that would interfere not only with their homework, but also with their time playing with friends and hanging out with the family. Both of them are happy, secure kids, their grades are average to good, and I don't remember them ever saying that they want to do more.

Lee Williams,
Saratoga Springs, New York

Parents who push their kids to be academically successful should realize that the world is run by C students. I have four wonderful boys, all average students and two of whom have learning disabilities. My oldest son just graduated from law school, my second oldest is a college senior with a talent for business, my third is a natural leader and my youngest, still in high school, loves to meet new friends and has an ability to make people laugh. I am quite sure that my sons will be successful in their own right.

Bonnie Solomon,
East Brunswick, New Jersey

Star for a day

I want to personally give a big thank you to *Ladies' Home Journal* for rewarding me with the experience of a lifetime—a walk-on role on NBC's *Providence*. [Kettner, who won the grand prize in LHJ's February 2001 sweepstakes, appeared as a wedding guest in an episode airing last November 2.] I couldn't have dreamed it any better. Every single person on the *Providence* set made me feel like royalty. Even my husband, Phil, enjoyed himself. It was over all too soon, but the memories will stay with me forever.

Lois Kettner,
Rhinelander, Wisconsin

Editor's Note

In the October story "The Farmer's Market Diet," we erroneously stated that honey is not as sweet as sugar. In fact, honey, though more caloric than sugar, is actually sweeter, so it can be used in smaller quantities for cooking and eating.

share the love

Tell someone you care with a Valentine's Day e-card from LHJ.com, where you'll find a variety of cards for the one you love, as well as for friends and family members. The e-cards (ideal for last-minute greetings) are just a click away on the home page of *www.lhj.com*.

Your Chance to Sound Off:
Send your comments about our stories to *lhj@mdp.com*. (We prefer to be contacted by e-mail, which allows us to reply more quickly.) If you wish your letter to be considered for publication, please include your full name, address and daytime phone number. Letters may be edited for space and clarity.


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february file

Ah, spring?

Every February 2 since 1887, a groundhog named Punxsutawney Phil awakens from his winter hibernation in Pennsylvania to look for his shadow. Americans brace for six more weeks of cold weather when he sees it and celebrate a soon-to-arrive spring when he doesn't. This year, the odds are against an early turn in the garden: Phil has seen his shadow 91 times in 114 years of Groundhog Day tallies. For trivia, visit *www.groundhog.org*.



An ounce of prevention

The second week of this month is National Burn Awareness Week—a good time to check your home smoke alarms. According to the National Fire Protection Association, there are 22 million U.S. homes with inoperable alarms, and more than 75 percent of house-fire fatalities occur where either no detection device is installed or the batteries are dead. For more information, visit *www.nfpa.org*.

Romance refresher

Robin Gorman Newman, a.k.a. The Love Coach, suggests slipping into something sexy to greet your hubby during International Flirting Week, from the 10th through the 16th (neatly wrapped around Valentine's Day). Newman, an author who invented the celebration four years ago, says flirting shouldn't end after couples have tied the knot. For more tips, visit *www.LoveCoach.com*.





Sole security

American women are keeping in step with our more serious times by slipping into sensible shoes. For some—particularly those in big cities—it's a question of being prepared in case they're forced to flee their offices; for others, it's a case of a better fashion fit for the new era of austerity. Aerosoles, a maker of comfortable shoes, reported a 40 percent increase in Internet sales for the month after September 11. A bowling-inspired shoe and a flat, pull-on oxford are among its recent best-sellers. Naturalizer reports sales have doubled since the attacks. And Cole Haan's New York stores, spurred by similar sales spikes, are stocking up on a line of casual shoes with extra cushioning. After the September attacks, "a lot of women felt that heels or anything really delicate were inappropriate and actually dangerous," says Michael Atmore, editorial director of *Footwear News* and *instep*.

What does choosing sensible shoes say about our psyche? Dorree Lynn, a psychologist in Washington, D.C., and syndicated columnist says that just making such practical purchases helps alleviate anxiety and fear. But even though high heel sales have recently dipped some 30 percent, fashionistas need not worry: Shoe insiders say there will always be a place on the shelves for pumps and stilettos. For now, manufacturers are continuing to make more stylish flats and lower heels. As Kimberley Grayson, Aerosoles' senior vice president of marketing, puts it: "Women are saying, 'I want to look good and feel good, and if you can't meet those needs, I am going to find somebody who can.'"

—*Francesca Di Meglio*

the giving spirit

SOLACE HOUSE

Marcy wouldn't sleep without her father's ski jacket. Her brother, Andy, got sad on Saturday mornings, when he and his dad used to spend time together. "I felt very much at a loss for helping my own children deal with their grief," says their mother, Colleen Millett Pelz, a 46-year-old former pediatric nurse in Kansas City, Kansas, of the time following her husband Robert's death in 1995. Then she learned about The WARM Place, a Fort Worth, Texas, facility "for grieving children and their families." After a visit there, Pelz and her friend Janie Harris Ewell, a teacher who'd lost her father, brother and brother-in-law by the age of 13, quit their jobs to create Solace House—an acronym for "Sorrow Overcome in a Loving And Caring Environment"—in Kansas City. Since 1998, it has helped more than 700 families cope with the loss of a loved one through individual and age-specific group counseling. As executive director Ewell puts it: "We move children not only from darkness to light—but to color" (*www.solacehouse.org*).



A pal: K.C. Chiefs' Derrick Alexander

Teddy turns 100

Teddy bears have long lent kids and grown-ups a touch of security. This year marks the 100th anniversary of the beloved bruin. Here are a few highlights from teddy's illustrious history:



1902 President Theodore Roosevelt refuses to shoot a bear while on a hunting trip. Political cartoonist Clifford Berryman depicts the event, prompting the term "Teddy's Bear." Soon after, a toymaker receives permission to call its stuffed bears by the popular name.



1908 Steiff, a German manufacturer, produces nearly a million teddies, up from 12,000 in 1903.

1926 Inspired by watching his son play with his teddy bear, A.A. Milne writes *Winnie the Pooh*.



1958 *A Bear Called Paddington*, by Michael Boud, first tells the tale of a fuzzy orphan.

Early 1980s Teddies top kids' holiday wish lists; Care Bears and Teddy Ruxpin are the rage.



1998 Postal Service issues a teddy stamp.

2002 October: Opening of Boyds Bear Country in Gettysburg, Pennsylvania, billed the world's largest teddy-bear store.

Warming up to salsa

America is saying *sí* to salsa, the less formal version of the traditional mambo. "We used to have five or six salsa classes a week, and now we're up to about twenty-three," says Larry Schulz, manager of Sandra Cameron Dance Center, in New York City. The craze partly reflects the wider exposure to Hispanic culture in the U.S. "Dancing is always dictated by music, and [salsa] is what's being played today," says Margaret Spearin, franchise owner of an Arthur Murray dance school, in Grand Rapids, Michigan. For her part,



Stephanie Frye, a Chicago assistant product manager takes salsa classes so that she can dance in the Windy City's popular Latin clubs. "Once you have the moves down," she says, "it's really rewarding."

street smarts

flowers for guys

For Valentine's Day, LHJ asked three women to send their *husbands* flowers. Their reactions:

"I got it good from my fellow firemen. [Still] I wouldn't mind receiving flowers again."
—*Todd Gavriloff, 35, Kent, Ohio*

"I thought it was a mistake, but it was nice knowing they were from my wife. She wrote: 'To the best husband and daddy in the world.'"
—*Steve Minolfo, 41, controller, Chatham, New Jersey*

"One woman in my office asked me if my wife knew I'd received them."
—*Gary Paveza, 28, production-support officer, Wilmington, Delaware*



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What's happening in entertainment



FILM

Birthday Girl Nicole Kidman (left) bares her funny bone in this dark comedy about a Russian mail-order bride purchased by a nerdy bank employee (Ben Chaplin). The bride's extended family gives the groom a serious case of buyer's remorse.

John Q This drama features Denzel Washington as an unstable dad who takes hostages in a hospital after his son is denied a heart transplant. Robert Duvall plays the hostage negotiator called to the scene.

Black Hawk Down Mark Bowden's book (by the same title) about America's fatal 1993 brush with the Somalian Civil War comes to the big screen this month. Hollywood heartthrob Josh Hartnett (right) stars.

Crossroads In her movie debut, Britney Spears is a straight-A student who embarks on a cross-country road trip with her former best friends, ending up at a music competition.





TV

After an award-winning run off Broadway catapulted the show around the globe, the *Vagina Monologues* debuts February 14 on HBO. Eve Ensler (above), the show's creator, performs. Also on the tube: The Winter Olympics kick off on the 8th (NBC); the 44th Annual Grammy Awards showcase music's best on the 27th (CBS). Check listings.



VIDEOS

In *Tortilla Soup*, the Latin version of Ang Lee's *Eat, Drink Man, Woman*, Martin (Hector Elizondo) and his three daughters gather around the dinner table to satisfy their hunger for food *and* life's lessons. Raquel Welch also serves up a delicious performance. Other releases: *Atlantis: The Lost Empire*, an animated flick featuring the voice of Michael J. Fox; *Bojangles*, with Gregory Hines in his Emmy-nominated role.



CDs

If the remake of *Ocean's 11* has you craving the original Rat Pack, then give a listen to *Eee-O-11*, a compilation featuring the songs of **Sammy Davis, Jr.**, **Dean Martin** and "old blue eyes," **Frank Sinatra**. More music: Country singer **Kasey Chambers**, the Aussie who won over U.S. critics with her first CD *The Captain*, follows up with *Barricades and Brickwalls*. To get into a romantic mood for Valentine's Day, try R&B artist **Joe's** latest, *Better Days*.

A word with...



MARY WILSON

Starting in Chicago on February 8, former Supreme Mary Wilson begins a 30-city tour of *Sophisticated Ladies*, a review of songs by jazz legend Duke Ellington. Can a Supremes reunion with Diana Ross be far behind?

Appeal of *Ladies'* tour "I love jazz. I see this as a great opportunity to keep Ellington's music alive and introduce it to a new generation."

Women in music today "We were a little inhibited; now young women are more free to express themselves. Some are showing too much, but they're kind of cleaning up."

Hitting their mark "There are some extremely talented people in music today. I'm very happy that Destiny's Child has emulated some of our [the Supremes] success. And Mariah Carey is one of my favorite singers."

A Supremes reunion "That's something I'll let God decide. I was open to it the first time. I'm *still* open to it."

Reported by Jennifer Hopper, Marisa Sandora, Francesca Di Meglio and Meredith Perez

Hot flash:



Lauren Hutton
one of 17 million women in the
n hormone replacement therapy.

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*Up to 20% of expected lifetime bone loss can occur in the first 5 to 7 years after menopause.

†This is Lauren's personal experience; not all women have the same experience at menopause.

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Chocoholic's dream

Just in time for Valentine's Day, you can indulge a love of chocolate calorie free with these beauty treats. Slick on Too Faced S.W.A.K. Ultra Juicy Lacquer Lipgloss in First Kiss ($17.50; to order, 877-973-7467). This sparkly pink shade leaves lips tasting like a truffle. Dab on Body Time Chocolate Perfume Oil ($6.80; to order, 888-649-2639). Smooth on Geomer Chocolat Blanc Body Milk Moisturizer ($35; to order, 800-457-2292); cocoa butter helps soften your body and leaves an intoxicating fragrance.

Bargain beauty

Blistex Silk & Shine ($2.49) has silk extracts, vitamins and SPF 15 to keep your lips kissably soft like a balm with the finish of a gloss. Use alone or with lipstick to add a light sheen.

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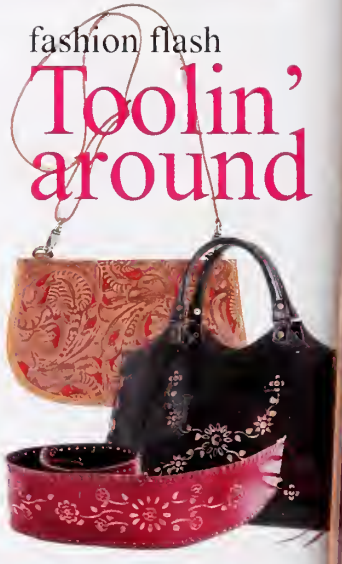
CELEB PICK

Soothe dry skin with **Aesop Fabulous Face Oil** ($40; for stores, call 888-223-2750). With kiwi seed and camellia nut, five drops from forehead to décolleté leaves **Nicole Kidman**'s skin glowing.



fashion flash

Toolin' around



The crafty technique of hand-tooling leather had its heyday in the '60s, when anything folk-inspired was the height of chic. Embossed leather bags and belts are hot accessories right now, and they hint at spring 2002's bohemian influence in fashion.

From top: Shoulder bag, **Cynthia Rowley Handbags**, $285; tote, $215; belt, $100, both **T-Bags at Supplements NY**.

PRO TRICK: COLORS FOR EVERYONE

Not sure what colors look good on you? Celebrity manicurist Deborah Lippmann and makeup artists Ramy Gafni and Laura Mercier recommend:

		CHEEKS	LIPS
COLOR	Warm cranberry	Transparent, neutral bronze	Sheer, reddish brown
WHY	With warm undertones base and cool blue overtones, this color works for all	Brightens with a mix of gold and brown, to work like a bronzer, and pink, for a hint of color.	Brown combined with pink or yellow undertones accents everyone's lipcolor.
TRY	Lippmann Collection in All of You (left, $15; 888-929-9950); L'Oréal Jet-Set in Rhythm ($5.10)	Revlon Skinlights Color Lighting in Sunny ($8.95); Ramy Beauty Therapy Blush in Alive! (above, $18; at www.ramybeautytherapy.com)	Cover Girl Triple Lipstick in Cocoa ($5.25); Laura Mercier Lipstick in Subtle Lips (right, $18; to order, 888-637-2437)





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Why didn't they think of this before?

Sometimes it's all in the details. These beauty treats score big by solving small but annoying problems By Jessica Goldberg



Does a mucky lip brush ruin your compact?
Shiseido's The Makeup Limited Edition Lip Palette includes a retractable lip brush to keep everything clean. $26, at select department stores.



Does that flat blush brush leave your cheeks striped?
The fluffy brush that comes with **Physicians Formula Planet Blush** whisks on a matte or a shimmer shade. $9.95, at drugstores.



Afraid to travel with perfume?
Cashmere Mist Refillable Purse Spray is made of nonbreakable plastic and fits neatly in your bag. $30, at select department stores.



Can't see yourself in that dusty compact mirror?
Pretty Pretty Face & Body Powder keeps your mirror clean with a flap that separates it from the powder. $26; to order, 866-773-8892.



Tired of searching for a mirror to apply your mascara?
Givenchy Mascara Allongeant Miroir has a mirror attached to the outside. Available in lengthening, or thickening and curling. $19; to order, 877-973-7467.



Does your hair dryer roll all over?
With a flat head, the **VS Sassoon Hair Dryer** stands sturdy. It's also powerful with 1875 watts and six heat/speed combinations. $24.99; to order, *www.vssassoon.com*.

Wish you could have on-the-go control over flyaways?
Whip out the **ThermaCELL Cordless Compact Straightening Iron**, attach the cartridge and in minutes the iron is hot. $19.95, at drugstores.

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"Help me, Carol"

An itchy rash? Painful cracks around your lips? Whatever your beauty problem, the solution is here

Ladies' Home Journal's Beauty & Fitness Director, Carol Straley, offers insider solutions for your beauty concerns. Got a question? Send an e-mail to *helpmecarol@mdp.com*

Soothing cracks around the mouth



Q I tend to get cracks around the corners of my mouth, and they really hurt. What's the best way to treat them?

A I know it sounds weird, but one way to heal these painful cracks is to massage in a little Lotrimin or Lamisil two or three times a day. Why an antifungal cream? These cracks are often triggered by yeast infections, according to dermatologist Henry Gasiorowski, M.D., of Greenwich, Connecticut. It's also a good idea to trade in your lipstick for a clear lip balm while you're healing. Ingredients in the lipstick may cause further irritation. Cracks should heal in seven to ten days. If the area is still slightly irritated, protect it with a dab of petroleum jelly or Aquaphor (a rich ointment available at drugstores) at bedtime.

Relief for a rash

Q I tried a new skin-care product and the next day I broke out in red, itchy bumps. What can I do?

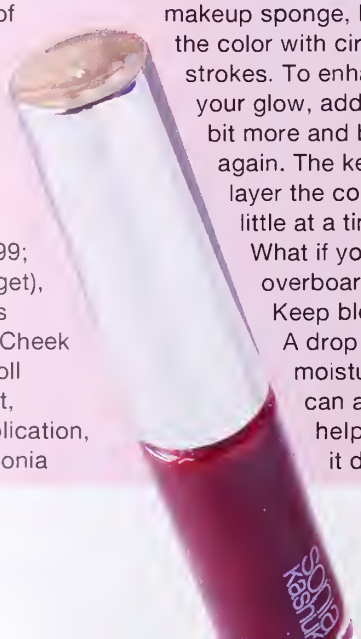
A You most likely have contact dermatitis, an allergic reaction to a substance in the product. Ordinary irritation happens on contact; allergic contact dermatitis is slower to show up because it takes the immune system longer—as long as a week—to react. The first step to get relief: Stop using the product. To ease inflammation, New York City–based dermatologist Dennis Gross, M.D., suggests an over-the-counter 1 percent hydrocortisone cream. Apply twice a day, after cleansing. It also helps to switch to a soothing cleanser such as Cetaphil, which contains no soaps, dyes or perfume. "Fragrance is the number-one culprit in products that trigger allergic reactions," says Gross. Hypoallergenic products eliminate known allergy triggers such as fragrance, but can't be guaranteed 100 percent gentle for every person who uses them. "But they're definitely worth a try," he says. If itching and redness don't go away after a week, your dermatologist can prescribe a cream with a higher percentage of hydrocortisone.



Go for the glow

Q I'd love to use one of the new liquid cheek stains, but I'm afraid of making a mess. Any suggestions?

A I'm a big fan of cheek stains. Like you, sometimes all I want is a hint of healthy color. Cheek stains come in two forms: liquid, such as Sonia Kashuk Sheer Bliss Lip and Cheek Tint ($7.99; available at Target), and gel, such as Revlon Lip and Cheek Jam in China Doll ($8.25). For neat, streakproof application, makeup artist Sonia Kashuk recommends that you apply moisturizer first. You can also wear a stain over foundation. Dot a tiny amount of the stain on the apples of your cheeks. Using your fingertips, or a clean makeup sponge, blend the color with circular strokes. To enhance your glow, add a tiny bit more and blend again. The key is to layer the color a little at a time. What if you go overboard? Keep blending. A drop of moisturizer can also help tone it down.



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Wear it well

1 P&G

Flower power

Florist Saundra Parks often finds herself as a guest at events she has designed the flowers for. Here, the wardrobe strategies that take her from workday to night out



As the owner of The Daily Blossom, in New York City, Saundra has made her mark by creating anything-but-expected flower arrangements. Those same flowers influence her personal style as well: "As with flowers, I love anything organic in feel and shape for my clothes," says Saundra, 42. "In the winter, I wear lots of leather and suede jackets and pants, and I pair short skirts with textured hose and high-heeled boots (below). In the summer, I adore green and chartreuse, because they make me feel like I'm part of the environment." But doesn't a wardrobe that includes every color under the sun make it harder to get dressed in the morning? Not if you follow how you're feeling, says Saundra. "Some days my clothes are very hot, hot reds with hot oranges, and then some days they are monochromes of lilacs. Other days, I may dress in all white. It just depends on what I'm feeling that day, but feeling fabulous is always the overall goal."





Sometimes Saundra has just a few minutes to go from arranging beautiful buds to donning glamorous duds. How does she do it?

GO WITH THE FLOW "Sometimes I just wear my jeans to the party, which I may have had on since I went to the flower market in the early morning. I dress them up by throwing on a short leather jacket, heels and great jewelry—maybe a double- or triple-strand pearl necklace and longer earrings. I glitter up my eyes, grab a great bag and go."

DO THE TWIST "If I do wear something more traditional, like a black dress, I add jeweled shoes, or a hot pink bag. I like my clothes to always have a twist."

GO UNMATCHED "Let your imagination go wild thinking of how to wear the pieces you love together. Things don't always have to match."





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TV style

Ever fall in love with a character's fun, funky or just plain fabulous wardrobe? Here's where the stylists-to-the-stars do their shopping

Cynthia Nixon and her *Sex and the City* cast mates love La Petite Coquette's lingerie. Silk robe, $327; 800-240-0308.



Jennifer Aniston wore Michael Stars' green tee on *Friends*. About $37; *www.michaelstars.com* for stores.







Earl Jeans are a fave of Jenna Elfman and stars of *Ally McBeal*, *Will & Grace* and *Friends*. Light, $132; stretch, $112; dark, $107.





Once & Again's Lily (Sela Ward) strolled the mall in Newport News' leather jacket, $99.99; 800-688-2830.



This turquoise cashmere V-neck with contrasting cuffs by Easel ($176) is cool enough for co-ed Felicity (Keri Russell).

Easel's beige cashmere tank top ($99) with gathers on the sides, worn by Heather Locklear on *Spin City*.





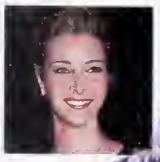


Elie Tahari's formfitting jacquard hip huggers ($198) made *Sex and the City*'s Samantha (Kim Cattrall) a lady in racy red



The Sopranos' Dr. Melfi (Lorraine Bracco) walked the straight and narrow in a pinstripe skirt by Elie Tahari, part of a three-piece ensemble ($498).

Bohemian Phoebe (Lisa Kudrow) on *Friends* is a big fan of vintage-inspired clothing, like this dress ($100) from Weston Wear.





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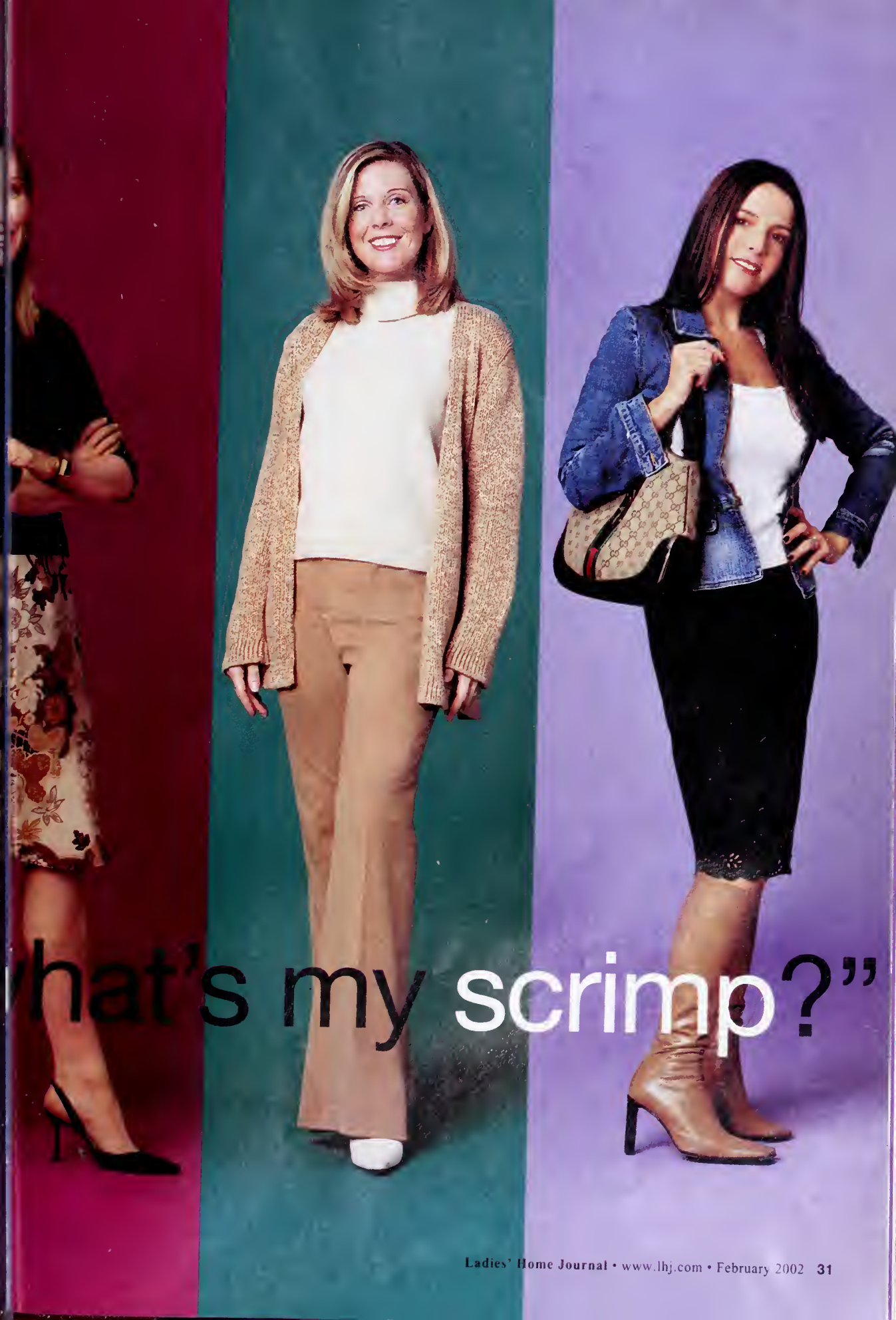
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When it comes to personal style, it's sometimes hard to decide what is—and isn't—worth the price. These five women have their beauty and fashion priorities in order. Can you guess . . .

"What's my splurge


what's my scrimp?"



Chrishaunda Lee, 26

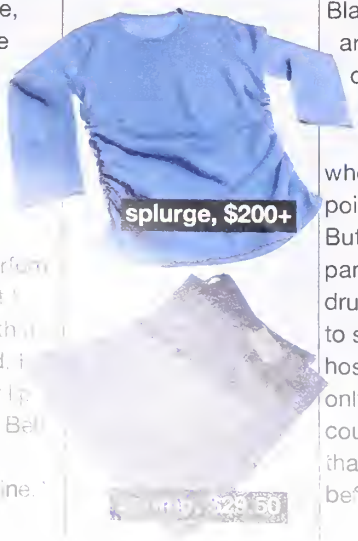


"My grandmother always wore classy, expensive perfume, and she taught me that a great scent goes a long way in creating a positive first impression. I love Angel by Thierry Mugler Eau de Parfum. It's expensive, but I feel it's really worth it. On the other hand, I always wear clear lip gloss, and Bonne Bell Lip Lites, at just $3.50, works just fine."



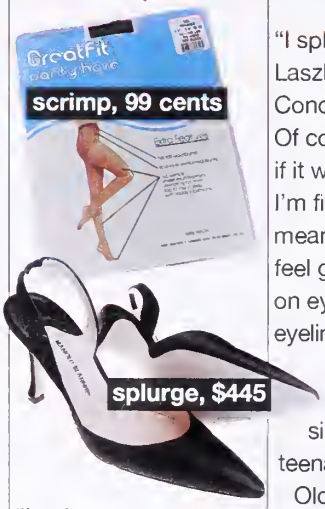
Kathryn O'Rourke, 41

"My scrimp is Old Navy jeans. They look just as good on me as those that cost three times as much. I wear jeans everywhere, and it's usually with my splurge—a cashmere sweater. I own them in tons of colors and styles. They're comfortable and wear well all year-round. I think I've probably spent as much as $200 on a sweater."





Tania Philip, 37

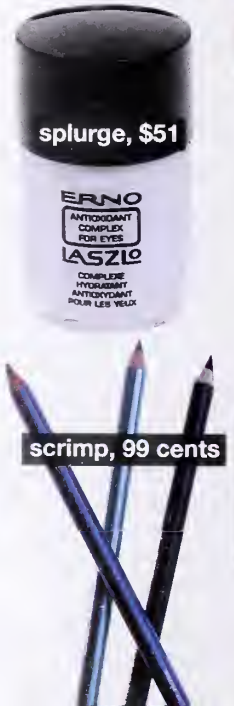


"I splurge on Manolo Blahnik shoes. They are so sexy and comfortable for me because I'm an ex–ballet dancer who is used to pointed-toe shoes. But, I always buy my panty hose at the drugstore. It's pointless to spend money on hose when you can only wear them a couple of times—and that's if you're lucky—before they get a run."



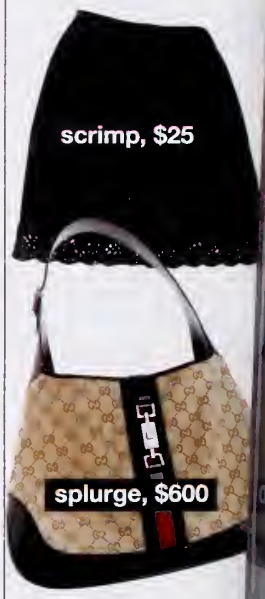
Julie Knie, 33

"I splurge on Erno Laszlo Antioxidant Concentrate for Eyes. Of course, I won't know if it was worth it until I'm fifty, but in the meantime, it makes me feel good. I may spend on eye cream, but eyeliner is another thing: I've used Wet 'n' Wild eyeliner since I was a teenager, and I love it. Old habits die hard."





Janeen Bellafiore, 30



"I'm willing to spend a lot on bags and shoes because high-end accessories can really pull together an outfit. But for most of my clothes, I stick to inexpensive basics, and if I do decide to add a trendy piece to my wardrobe, I'll try hard to buy it on sale."


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"He's so darn inconsiderate"

What was the reason for David's strange quirks, which so infuriated Karen and threatened to end their relationship? By Cynthia Hanson



KAREN'S TURN:

"David's thoughtlessness is ruining our marriage," said Karen, 30, a Web site designer. "He's broken so many promises that I don't believe anything he says anymore. I can't rely on David to pay the bills, do chores or even come home for dinner on time.

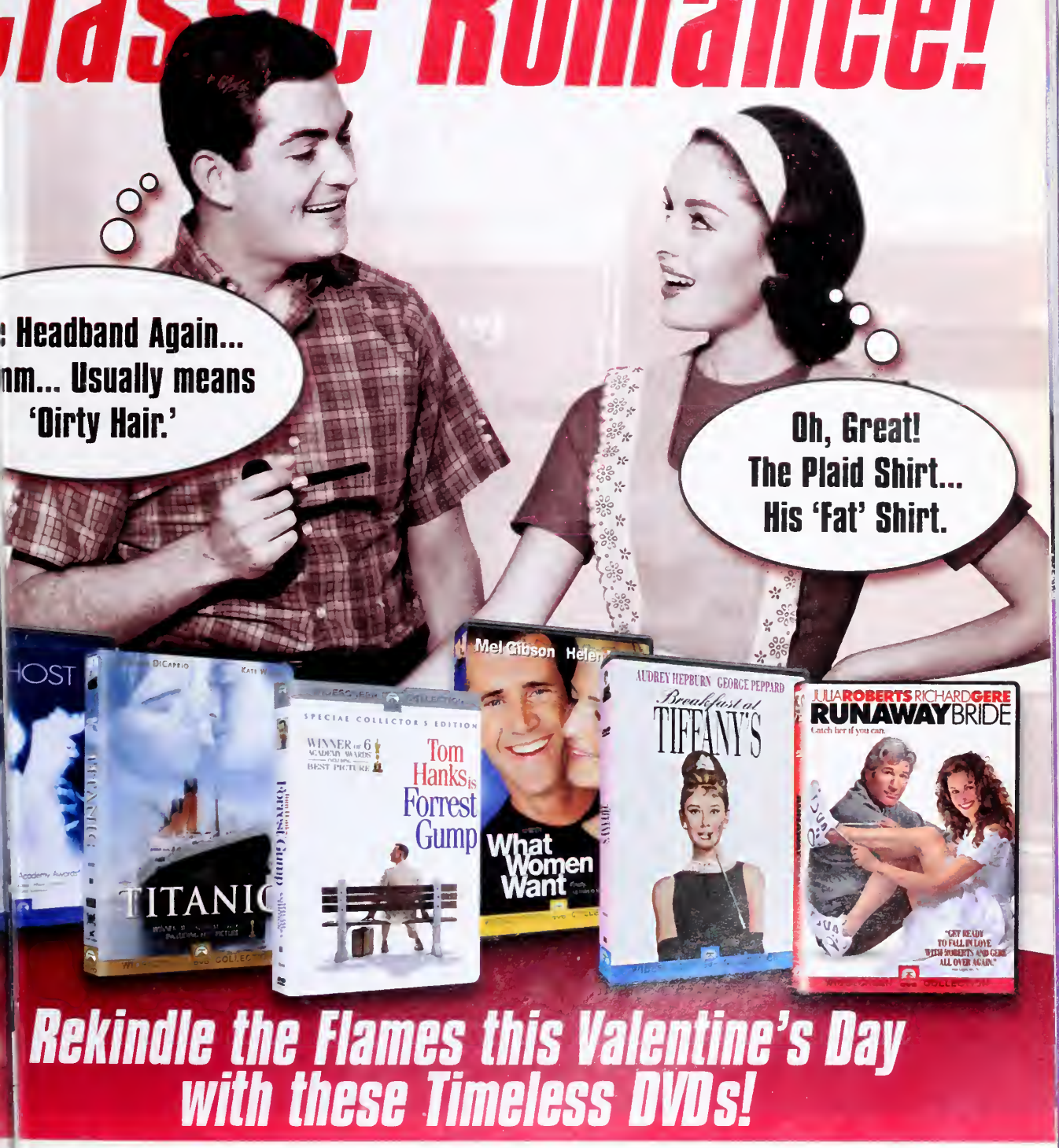
"David is easily distracted and very disorganized, but no matter how often I point out that these quirks are hard to live with, he never does anything to change. He has absolutely no initiative. He complains about how miserable he is at his job managing a luxury-condo building, but he won't look for something else. We argue constantly, to the point where I don't even know what we're fighting about.

"I wish we could bring things back to the way they used to be. David and I met in our freshman year at college and soon discovered we had a lot in common: large [illegible] families, majors in business, the same love of music, theater and art. We were dating other people at the time, but we couldn't resist our mutual attraction for long; gradually, we fell in love and broke off our other relationships. David understood me, he could always make me laugh, and he was so romantic. I also loved his intensity: David could stay up for hours for a project or discussion without losing steam.

"In hindsight, I have to admit that I knew about David's faults from the start. Back in school, he'd show up late for our dates, and it took him six years to graduate because he had trouble finishing all his credits. I used to go by his dorm in the morning to make sure he didn't oversleep and miss a test. I guess those things didn't bother me as much at the time.

"But after we graduated and got our first jobs, his lateness and procrastination really started to annoy me, and that's when our fights began. We have vastly different communication styles, which we inherited from our parents. David's family never discusses feelings openly, whereas my parents—Dad's an accountant; Mom's a piano teacher—have intense quarrels despite their deep love *(continue*

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for each other. So David gets hurt when I argue my point, and then holds a grudge for days.

"Still, I loved him, so I said yes when he proposed. We kept fighting all through our engagement—mostly about his disorganization—but I kept telling myself that things would get better once the stress of the wedding was over. Besides, it was hard for me to imagine life without him.

"But after the wedding, nothing changed. I'd ask David to help with the cleaning and end up doing everything myself. He was late to work every day, and I worried that he'd lose his job. Once, he went to get gas for the car and didn't come home for three hours. When he came back, he said that he had run some other errands and forgot to call me. A friend of mine suggested that he might be having an affair, but I know David would never do that.

"If he cared about my feelings, he wouldn't make me so anxious. He knows that I'm a nervous person to begin with. When I was five, our house was destroyed in a fire. Fortunately, no one was hurt, but ever since then, I've fretted incessantly that disaster will strike at any time. Even knowing David is unreliable doesn't stop me from panicking every time he's late.

"David's time-management problems aren't the only thing we argue about. Ever since he's gotten down in the dumps about his job situation, he's refused to socialize with our friends; he says he doesn't feel like it. But if I decide to make plans on my own, he sulks. All he does on weekends is watch TV and eat so much junk food that he's gained twenty-five pounds since the wedding.

"I begged David to see a marriage counselor, but he insisted that nothing was wrong. I was so burned out and frustrated that a month ago I left and got my own place. A trial separation, I reasoned, would give us the space we needed to figure out the next step. Two weeks later, I gave David an ultimatum: If he didn't go for therapy with me, I'd file for divorce."

DAVID'S TURN:

"I can't believe Karen moved out," said David, 31. "Sure, we fight a lot. But why would she want to end our marriage? Even in our worst moments, this never entered my mir I'm crushed.

"I think one of the reasons I fell i love with Karen is that she accepted me the way I am. From the time we met, she was very supportive and really watched out for me. Karen is my best friend, my closest confidan and one of the smartest people I kn I can't bear the thought of losing h

"I do tend to run a little late, but of people do. Even my boss is understanding when I don't get to work exactly on time. Okay, mayb was wrong not to call Karen the da went to the gas station. But on the way, I remembered a few other errands I'd forgotten to do the day before. Then while I was at the hardware store, a sudden thunders



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1998



1999

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David uses a tape recorder to dictate notes to himself throughout the day"

in, so rather than get soaked, I to a conversation with one of the lerks. The time just slipped before I knew it. I do try to keep omises, and it's not like I'm these things on purpose. It's just y I am, and Karen should that by now.

family never had a problem with my lack of punctuality. I'm the youngest of four; my father, a salesman, traveled a lot, so Mom did most of the parenting. When I was late for the school bus, she drove me, and she was like a police officer when it came to making sure I finished my assignments on time, since it was hard for me to get organized. I wasn't the happiest of kids, though. I never had many friends, so I compensated by being the class clown, joking and saying anything that came into my head. One year I had a teacher who thought I was disruptive, and she moved my desk away from everyone else's. That hurt, but come to think of it, being alone helped me concentrate better.

"After college, I joined a property-management firm to get some office experience and buy time to figure out what I really wanted to do. Even though I've just gotten a promotion, the work itself isn't challenging or lucrative. Trouble is, I don't know what I want to do with my life. Karen has been encouraging me to apply to an MBA program, but it's hard to find the time, much less the energy, to get all the applications together. I'm just in a temporary funk, I guess, and when I feel this way, I'm not really in the mood to hang out with people. The ones we see are mainly Karen's friends, anyway.

"Unfortunately, my wife and I have two ways of interacting: We either stay at home and do nothing, or we argue for hours. I feel as though we're living in a never-ending fight. Karen lets her emotions get the best of her, and she can scream and hurl insults longer than anybody. For days afterward, I don't feel much like talking to her.

"Of course we have our problems, but I had no idea Karen was about to walk out on me. If counseling is what it takes to get her back, I'll do it." *(continued)*



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THE COUNSELOR'S TURN:

"David was devastated that Karen had left him," said the counselor. "He could barely sleep or eat, and he had trouble functioning at work. During therapy, David barely listened to me. He was hypersensitive to any sort of criticism. I suspected he might have attention deficit hyperactivity disorder (ADHD), a condition that can be an invisible yet destructive force in relationships.

"ADHD is a biologically based disorder that almost always begins in childhood and affects five to seven percent of the population, mainly male. About one third of children may outgrow the symptoms, but the rest continue to experience problems and frustrations as adults.

"I asked David to read *Driven to Distraction: Recognizing and Coping with Attention Deficit Disorder From Childhood Through Adulthood* (Simon & Schuster), by Edward M. Hallowell, M.D., and John J. Ratey, M.D. He was amazed to see how much of the book rang true for him. I referred David to a psychiatrist for evaluation, and my hunch was right: He was diagnosed with ADHD and given a prescription for Ritalin. Having an explanation for David's behavior at long last was a great relief for the couple.

"While David's symptoms are typical of many ADHD adults, the disorder affects everyone a little differently. With ADHD, there are no absolutes. Nor is there a cure. Medication alleviates symptoms, but therapy is also needed to modify the behaviors. I saw David individually to work on ADHD coping strategies.

"Despite their years of unresolved conflict, I sensed Karen and David still cared deeply for each other. But in order to rebuild their relationship, they needed to take several steps.

"First, Karen had to realize that her anxiety and argumentative nature



"The party David and Karen threw fulfilled her need to socialize and his to organize"

weren't helping matters. Because h husband was easily distracted, he needed a low-stimulus environmen help him focus. Even a simple pho call at work could rattle David. 'D interrupt him in the middle of the I urged her. 'And when he comes home, give him a little space.'

"Second, Karen needed to stop flinging insults, and David needed stop giving her the silent treatmen advised the couple to set aside a q time to talk every day. Setting a li of thirty minutes would keep Dav from becoming overwhelmed.

"Third, David had to improve h poor time-management skills bef he jeopardized his job. I suggeste he carry a timer to remind him to his medication, as well as a tape recorder with which to dictate no himself throughout the day. The couple bought cell phones to sta

t and coordinate their schedules, avid now sets his alarm clock minutes earlier in the morning. simple acts have made a huge nce.

ncouraged the couple to use eparation to work on their own ınd needs. For David, that enrolling in a graduate m. He also joined a gym and losing weight. Meanwhile, spent more time with her s and auditioned for some unity-theater productions. ow that the tension between them nished, I suggested they host a ogether, which would satisfy ed to socialize and his need to ıs organizational skills. Not vas the party a huge success, it ut David back in touch with old friends. After a seven-month tion, the couple moved back er. 'David is a totally different om the one I left,' said Karen. ping with ADHD is a lifelong nge. There are still bumps in the but the strides the two have are impressive. They were ready counseling after a year. metimes, a crisis can be a gift to le if it happens early in the ge, and I think that's true of and Karen. 'Our marriage is than ever,' said David recently. I complete my MBA and find a b, we plan to buy a house and family. At long last, our lives ving forward.'" ■

a Hanson frequently writes for ' Home Journal.

This Marriage Be Saved?" is the enduring women's magazine e in the world. This month's case is on information from the files of ine Marshall Bean, a marital and therapist in private practice in elphia. The story told here is true, gh names and other details have hanged to conceal identities. "Can arriage Be Saved?" is a registered ark of Meredith Corporation. For ue stories of couples in crisis, go ove Channel of *www.lhj.com* and "Can this marriage be saved?"



Boomer, Tweener, X'er or Y?

How your era helps shape your identity

We love to talk about our generation. But one generation doesn't always fit all—even expert demographers disagree on exactly when the Baby Boom, Generations X and Y begin and end—and some of us are carving out new niches. For instance, the Baby Boom technically includes those born between 1946 and 1964, but those born at the tail end of the era are now calling themselves "Tweeners" or "Kennedy Kids"—too young to have attended Woodstock but old enough to be affected by the aftermath of Watergate. As Gen X'ers age, they'll likely create a similar divide. Tweeners II, maybe?



Decades of stars

...poll selected as being among the most

Baby Boomers
Women ... from 1946 to 1959. Oprah Winfrey ... are usually considered trailblazers

Tweeners
... and ... Kennedy Kids, ... too young to have attended Woodstock but old enough to be affected by the aftermath of Watergate

Generation X'ers
Those born between 1965 and ... like Julia ... have a ... being ... and ... about ... cynical

Generation Y
Like Sarah Michelle Gellar, people born in 1977 and beyond are optimistic, tech-savvy and good problem-solvers

Q&A



As co-founder of the consulting firm BridgeWorks, Lynne Lancaster specializes in what makes each generation (like the Baby Boomers above) different from the others. She and partner David Stillman are the authors of *When Generations Collide* (HarperCollins).

What shapes a generation?
What's going on in the world around us as we grow up affects who we are—whether it's the Depression, the Vietnam War or the rising divorce rate that affected Generation X.

In brief, how would you say each generation reacted to September's terrorism?
Boomers feel that they'll be called upon to step up to the plate. X'ers prefer to make more individual differences rather than attempting big solutions. Generation Y's—we call them Millennials—believe that they can accomplish positive things. It may be popular among them to serve in the military or choose careers in government.

Why don't some people fit into generational categories?
There are people we call "Cuspers," who were born at the end of their given generation, and they play translator between their two generations. I would even say that George W. Bush is a Cusper president. He's technically a leading-edge Boomer, but he has many traits of the Traditionalist generation before him.


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Movies that define a generation



American Pie: Gen Y discovered the joys of sex, '90s style



Fast Times at Ridgemont High: X'ers related to these teen slackers



Saturday Night Fever: Tweeners came of age to a disco beat



The Big Chill: Boomers reminisced about their radical days

LHJ Poll: Are boomers better?

We asked women across the country their feelings about their own eras.

33% of most respondents say that of all the generations, the Boomers are the ones who have best lived up to their promise

40% of Gen X'ers say their generation is best defined as "ambitious"

25% of Tweeners say they are a generation of "movers and shakers"

37% of Gen Y'ers say their generation is "confused"

An LHJ poll conducted by Bruskin Research

Who's who

If you're not quite sure how to tell one generation from the next, here's a handy guide to help you sort it all out.

	First watched *The Brady Bunch*	First album they bought	High-school hairstyle	Their era's entertainment
Boomers	Never—they were too old for a silly sitcom	The Beatles' *Abbey Road*	Long and straight	TV
Tweeners	Every Friday night, without fail	Fleetwood Mac's *Rumours*	Farrah wings	Video games
X'ers	In reruns on Nick at Nite	Michael Jackson's *Thriller*	Teased to the max	PCs
Y'ers	Saw the movie first	Alanis Morissette's *Jagged Little Pill*	The "Rachel"	DVDs

GENERATION GAPS

Some people can't be easily classified as one generation or another. **George Clooney** is by birth a Tweener, yet he displays both the gentlemanly charm of his parents' Traditionalist era and the spirit of Generation Y.





Generation X'er **Jennifer Aniston** possesses the maturity and family values of the Tweeners and Traditionalists before her. **Katie Couric** is a Boomer who's passionate about causes such as cancer research, but her revamped blond-and-miniskirted look suggests some cutting-edge Y in her, too. And Y not?



REPORTED BY SHANA ABORN



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The 10 most romantic movies

We just can't resist a good romantic film, be it set in an enchanted castle, a Moroccan bar or on a sinking ship. To find out which ones deserve membership in the Romance Hall of Fame, we polled lhj.com users for their favorites:

1



Pretty Woman **(1990)** This boy-meets-call-girl story was voted top romance by readers. Suave Richard Gere plays Pygmalion to low-brow hooker Julia Roberts.

2



Sleepless in Seattle **(1993)** This film cemented Meg Ryan and Tom Hanks' reputation as Hollywood's cutest couple.

3



An Officer and a Gentleman **(1982)** Another 21-gun salute to Gere as he literally sweeps townie Debra Winger off her feet.

4



Gone With the Wind **(1939)** Of course we give a damn about Rhett, Scarlett and this timeless Civil War epic.

5



Titanic **(1997)** Recipe for a tearjerker: Take one boy and one girl. Put on a luxury liner. Add ice. Shake.

6



When Harry Met Sally **(1989)** Witty Billy Crystal and fussy Meg Ryan are a hilarious mismatch. We'll have what they're having.

7



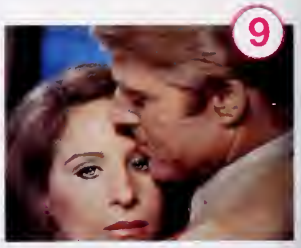
Love Story **(1970)** Sweethearts Ryan O'Neal and Ali MacGraw learn that love means never having to say . . . well, you know.

8



Casablanca **(1942)** As time goes by, this 60-year-old classic of war and sacrifice just gets better and better.

9



The Way We Were **(1973)** Robert Redford and Barbra Streisand mix love and politics in a 20-year bittersweet relationship.

10



Beauty and the Beast **(1991)** They may be cartoon characters, but bookish Belle and her not-so-brutish beau melt our hearts as well as any human couple can.

'OU KNOW THOSE PEOPLE WHO SPEND HOURS IN THE KITCHEN, SLAVING AWAY UNTIL THEIR SAUCE IS PERFECTLY SEASONED?



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The Olympics' golden girl

Spirited as ever, skier Picabo Street goes for the glory one more time



She captured the hearts of Americans at the 1998 Winter Olympics with a gold medal, her no-holds-barred personality and, of course, her unusual name (it comes from a Native American town in Idaho as well as the children's game). Now, four years after a ski accident that shattered her left leg, Street, 30, is raring for another run in Salt Lake City this month.

Bouncing back: "The chance to race in my home country and in Utah, my own backyard, is too yummy of a carrot. Having goals is essential—I've learned that even if I don't succeed, a reason and a lesson will present themselves to me."

Facing down fear: "I've lived with fear since my accident. I go [illegible] miles an hour, and I don't want to get hurt again. Fear is tricky, because I have to pay attention to it but don't want to be a victim of it."

Relaxing après-ski: "I get horizontal and listen to music. If I've won, I'll go for something upbeat like 'Braveheart.' If I've lost, I'll put on Enya. She helps me to go deep in my thoughts and search and strive."

Her one big vice: "M&M's. The plain ones."

Getting girls in the game: "I support the Women's Sports Foundation, a group that encourages girls to go into sports. You have to get into their psyche, figure out what makes them tick and use that to motivate them. The most important thing is to let them know you're not expecting them to be a gold medalist. If they want to, that's great. But if they don't, there are so many positive things that come from being athletic—strong bones, for one."

Hold the fries: "Growing up, my family didn't do the hamburger-and-fries thing. We lived in more of a rice-and-beans world. My parents weren't frivolous. We wore clothes for function, not fashion. I couldn't understand why other people wasted so much money on clothes that looked different from mine."

Wedding bells: "I'm engaged to John Mulligan, who is a ski technician.



"I always try to push through fear and learn from it," says Street

We haven't set a date. All we know is that we want to do it this fall."

A game plan for early retirement: "Time with my family is my first priority. But acting is intriguing. I've done commercials [for Chap Stick, Nike, Rolex and Sprint], and people in the entertainment industry say I'm "cute." But the thing I really want to do is build a net between the current ski team and the team-to-be, to catch all the fall-throughs who go to college or quit the sport because they don't have enough money."

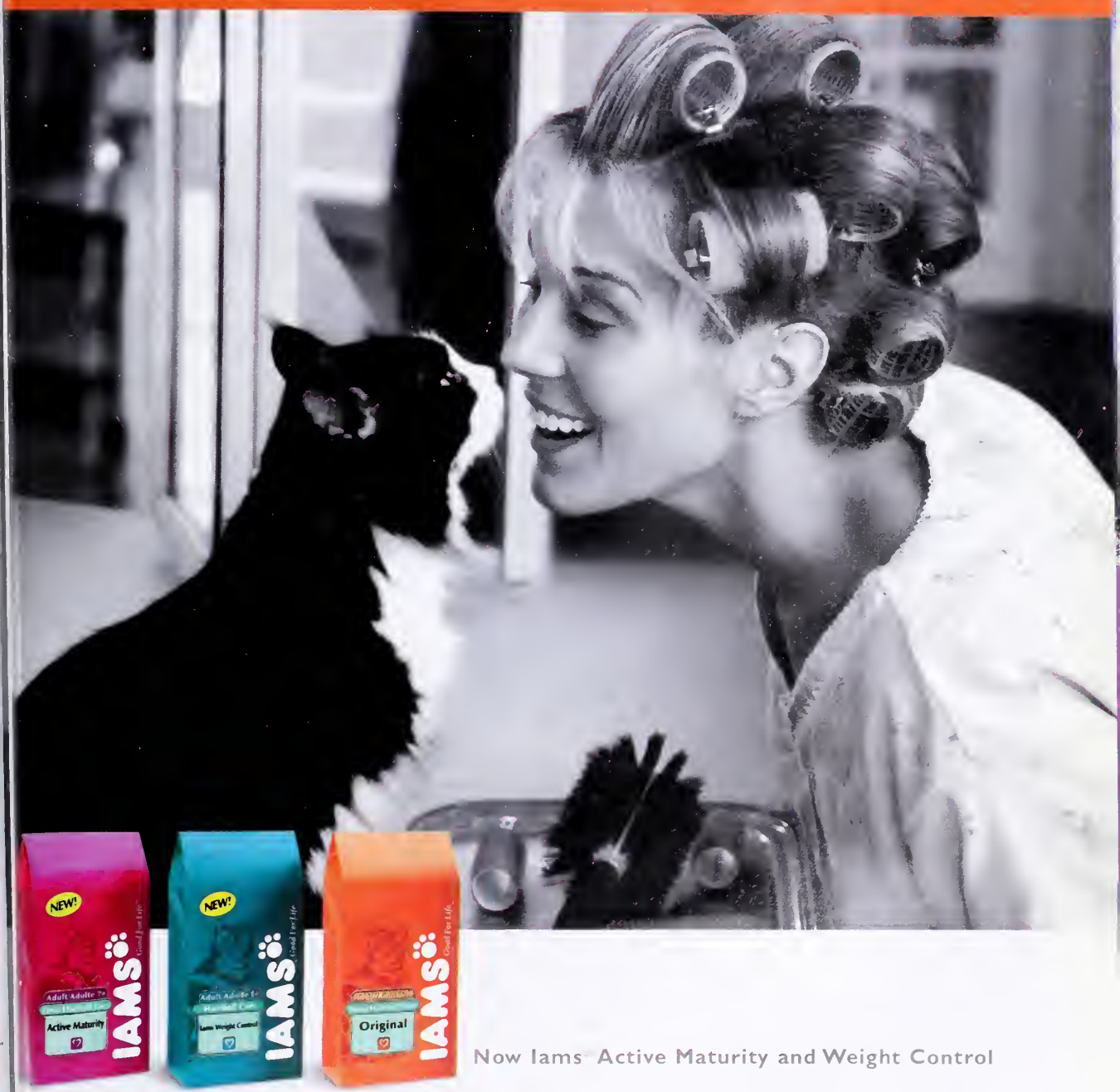
What she'll miss most: "The self-confidence I get from competing at a world-class level. I have an excuse for the way I look and why I schedule my day the way I do. When that's gone, I might question things a bit more."

What she'll miss least: "Living in that small little world. It's only a four-month stint, but it feels like "Hotel California"—you can never check out. You spend the other eight months trying to get away from it. And it's a gossipy world. One year you're cool, the next you're not."

The toughest part of training: "All the 'have-tos' that come with it. For example, it's rare for me to work out to look good. I have a vain streak, and it will be invigorating to go to the gym for my looks."

—Victoria Balfour

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Why does he like *that?*

Occasionally baffled by your husband's bedroom behavior? Here, experts tackle your frankest questions and demystify men's sexual preferences

By Stacey Colino



Black lingerie isn't all a man wants

Q: I usually agree to my husband's sexual requests—I wear more lacy lingerie than a Victoria's Secret model. Why then does he still masturbate?

A: Most men do: 1994's landmark National Health and Social Life Survey conducted by the National Opinion Research Center at the University of Chicago found that nearly 85 percent of men who were living with a sexual partner said they had masturbated in the past year (in comparison, 45 percent of women reported doing the act). What's more, more than 5 percent of married men reported masturbating at least once a week. If you and your husband feel you have a good sex relationship, chances are that orgasm solitarily has little to do with you. "Masturbation is something you can be totally selfish about," says Lonnie Barbach, Ph.D., a psychologist and sex therapist in San Francisco and author of *Turn Ons: Pleasing Yourself While Pleasing Your Lover* (Plume, 1998). "Since you can do it exactly how you want to, when you want to and the way you want to, it's very different from making love with your partner."

Q: Recently, my husband suggested that I handcuff him or tie him up when we make love. What's the thrill in bondage?

A: It's true that the forbidden or naughty element of playful bondage can add to the sexual tension. But there's also something about giving up control to someone you love and trust that can add to the erotic experience. After all, if your husband is handcuffed, he's forced to surrender to *your* will, which can be highly arousing for him. In addition, "The ability to be sexually passive can be a real turn-on for men because it's an antidote to having to perform," says Barbach. "So it's not just satisfying but also relieving."

Q: My husband has admitted to fantasizing about two women having sex. What about this turns men on?

A: For men, part of the appeal is the voyeuristic thrill, says Al Cooper, Ph.D., director of the San Jose Marital and Sexuality Centre, in California. When a man envisions two women having sex with *him*, the fantasy is that he'll become the sole focus of the women's attention. There may be an unconscious yearning for education here, too: "Men believe that women know how to stimulate other women better than men do," says David Reuben, a Miami-based psychiatrist and author of the revised *Everything You Always Wanted to Know About Sex But Were Afraid to Ask* (HarperCollins Publishers, 1999). "So there's an element of men wanting to learn to improve their sexual performance," he says.

Q: After intercourse, my husband often used to be in the mood for another round. So why is he now more interested in going to sleep?

A: The decline in your husband's libido is likely a function of aging. In short, "As men get older, their sexual energy changes," says Barbach. Blame it on their biology: Unlike women, "men need a refractory period after orgasm to be ready to have intercourse again," says Cooper. For a man in his 20s or 30s, the refractory period can last anywhere from a few minutes to an hour, which explains why an additional round may once have been on your husband's agenda. But as men age, the length of time increases (once they hit their late 50s it can take as long as a few days). ■

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Please read the important Product Information about NEXIUM on the following page and discuss it with your doctor.

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(esomeprazole magnesium)

Please read this summary carefully, and then ask your doctor about NEXIUM and PRILOSEC. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. Only your doctor has the training to weigh the risks and benefits of a prescription drug for you.

Nexium® *(esomeprazole magnesium)*

20-MG, 40-MG Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer **Information for Patients:** NEXIUM Delayed-Release Capsules should be taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the capsule opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM **DRUG INTERACTIONS** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole-metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Esomeprazole inhibits gastric acid secretion. therefore, it is theoretically possible that esomeprazole and omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (eg, ketoconazole, ampicillin esters, digoxin, and iron salts) **Carcinogenesis, Mutagenesis, Impairment of Fertility:** The carcinogenic potential of esomeprazole was assessed using omeprazole studies. In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (about 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy:** *Teratogenic Effects. Pregnancy Category B* - Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with omeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human doses on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers:** The excretion of esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole and omeprazole are likely to be excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from esomeprazole and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made to discontinue the drug, taking into account the importance of the drug to the mother **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established **Geriatric Use:** Of the total number of patients who received NEXIUM in clinical trials, 778 were 65 to 74 years of age and 124 patients were ≥ 75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in over 10,000 patients (aged 18-84 years) in clinical trials worldwide including over 7,400 patients in the United States and over 2,600 patients in Europe and Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system: *Body as a Whole:* abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, face edema, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors; ***Cardiovascular:*** flushing, hypertension, tachycardia; *Endocrine:* goiter ***Gastrointestinal:*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms NOS, hiccups, intestinal disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative colitis; *Hearing and Vestibular Disorders:* tinnitus; *Hematologic:* anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukopenia, thrombocytopenia; *Hepatic:* bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; *Metabolic/Nutritional:* hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight gain, weight loss; *Musculoskeletal:* arthralgia, arthritis aggravated, arthropathy, cramps, fibromyalgia syndrome, hernia pain, myasthenia; *Nervous System/Psychiatric:* anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hostility, insomnia, migraine, migraine aggravated, paresthesia, sleep disorders, somnolence; *Reproductive Disorders:* dysmenorrhea, menstrual disorder, vaginitis; ***Respiratory:*** asthma aggravated, bronchitis, cough increased, epistaxis, pharyngitis, pneumonia, rhinitis; ***Skin and Appendages:*** acne, angioedema, dermatitis, hair color change, inflammation, sweating increased, urticaria; *Special Senses:* abnormal vision, dry eyes, hearing impaired, otitis media, taste perception altered; *Urogenital:* abnormal urine, albuminuria, cystitis, dysuria, hematuria, micturition frequency, nocturia, polyuria; *Visual:* conjunctivitis, vision abnormal, visual field defect. Endoscopic observations: esophageal fissure, esophageal ulcer, esophageal stricture, esophageal ulceration, esophagitis, esophagus erythematous mucosal discoloration. Other adverse events reported were found in the omeprazole package insert **OVERDOSAGE** A single dose of esomeprazole magnesium 1,800 mg (300 times the human dose on a body surface area basis) was lethal to rats. This dose was associated with severe lethargy, tremor, ataxia, and intermittent clonic convulsions. Experience in humans with overdosage is limited. Patients have been received of overdosage with omeprazole (doses ranging from 360 mg (60 times the usual recommended clinical dose). Manifestations were variable, but included confusion, disorientation, vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adverse symptoms. Symptoms were transient, and no serious outcome has been reported. No specific antidote for omeprazole package insert **ADVERSE REACTIONS:** No specific antidote for esomeprazole is known. Esomeprazole is extensively protein bound in plasma and is not expected to be removed by dialysis. In the event of overdosage, treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drugs being involved should be considered. Contact your poison control center for current information on treatment of any drug overdose (1-800-222-1222 or your local poison control center). Please see Physician's Desk Reference (PDR) for a listing of drugs tested in the package insert.

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0183 4/01

Prilosec® *(omeprazole)*

20-MG Delayed-Release Capsules

BRIEF SUMMARY Before prescribing PRILOSEC, please see full Prescribing Information **INDICATIONS A** *Erosive Esophagitis.* PRILOSEC Delayed-Release Capsules are indicated for the short-term treatment (4-8 weeks) in erosive esophagitis, which has been diagnosed by endoscopy. **CONTRAINDICATIONS Omeprazole** PRILOSEC Delayed-Release Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation **PRECAUTIONS** Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. **Information for Patients:** PRILOSEC Delayed-Release Capsules should be taken before eating and should not be opened, chewed or crushed; should be swallowed whole **DRUG INTERACTIONS** *Other* Omeprazole can prolong the elimination of diazepam, warfarin, phenytoin, drugs that are metabolized by oxidation in the liver. Although in normal subjects no interaction with propranolol was found, there have been clinical reports of interaction with other drugs metabolized via the cytochrome (eg, cyclosporine, disulfiram, and benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the dose of these drugs when taken concomitantly with PRILOSEC. Omeprazole inhibits gastric acid secretion, therefore, it is possible that omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (eg, ketoconazole, ampicillin esters, digoxin, and iron salts). In clinical trials, antacids were used concomitantly with the initiation of PRILOSEC **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose on a patient weight of 50 kg and a human dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (approximately 35 times the human dose) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of one year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for two years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Omeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimurium* test, an *in vitro* mouse lymphoma cell assay and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and the human dose gave a borderline result, as did an *in vivo* bone marrow chromosome aberration test. A second mouse study at 2000 times the human dose, but with different (suboptimal) sampling times, was negative. In a rat fertility and reproductive performance test, omeprazole in a dose range of 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose) was not toxic or deleterious to the reproductive performance of parental animals **Pregnancy:** *Category C* - Teratology studies conducted in pregnant rats at doses up to 138 mg/kg/day (approximately 345 times the human dose) and in pregnant rabbits at doses up to 69 mg/kg/day (approximately 172 times the human dose) did not disclose any evidence for a teratogenic effect for omeprazole. In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose-related increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose). There are no adequate or well-controlled studies in women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who received omeprazole during pregnancy. Omeprazole should be used during pregnancy only if the potential benefit justifies the risk to the fetus. **Nursing Mothers:** It is not known whether omeprazole is excreted in human milk. In rats, omeprazole given during late gestation and lactation at doses of 13.8 to 138 mg/kg/day (35 to 345 times the human dose) resulted in reduced weight gain in pups. Because many drugs are excreted in human milk, because of the potential for serious adverse reactions in nursing infants from omeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the mother **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established **Geriatric Use:** No differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out **ADVERSE REACTIONS** In the U.S. clinical trial population of 465 patients (including patients with Zollinger-Ellison syndrome and resistant ulcer patients), the following adverse experiences were reported to occur in 1% or more of patients on therapy with PRILOSEC. Numbers in parentheses indicate percentages of the adverse experiences considered by investigators as possibly, probably or definitely related to the drug.

	Omeprazole (n=465)	Placebo (n=64)	Ranitidine
Headache	6.9 (2.4)	6.3	7
Diarrhea	3.0 (1.9)	3.1 (1.6)	2
Abdominal Pain	2.4 (0.4)	3.1	2
Nausea	2.2 (0.9)	3.1	4
URI	1.9	1.6	3
Dizziness	1.5 (0.6)	0.0	1
Vomiting	1.5 (0.4)	4.7	2
Rash	1.5 (1.1)	0.0	1
Constipation	1.1 (0.9)	0.0	1
Cough	1.1	0.0	1
Asthenia	1.1 (0.2)	1.6 (1.6)	1
Back Pain	1.1	0.0	1

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been reported in double-blind, and open-label, clinical trials in which 2,631 patients and subjects received omeprazole and 1,011 received placebo. A causal relationship was not assessed. The percentages are given omeprazole then placebo, respectively. *Body as a Whole:* Abdominal Pain 5.2% and 3.3%; Asthenia 1.3% and 0.8%. *Digestive System:* Constipation 3.7 and 2.5; Flatulence 2.7 and 5.8; Nausea 4.0 and 6.7; Vomiting 3.2 and 10.0; Acid regurgitation 1.7. *Nervous System/Psychiatric:* Headache 2.9 and 2.5. Additional adverse experiences occurring in < 1% of patients or subjects and/or international trials, or occurring since the drug was marketed, are shown below within each body system for which the relationship to PRILOSEC was unclear. *Body As a Whole:* Allergic reactions, including, rarely, anaphylaxis and anaphylactoid reactions, fever, pain, fatigue, malaise, abdominal swelling. *Cardiovascular:* Chest pain or angina, tachycardia, bradycardia, palpitations, blood pressure, peripheral edema. *Gastrointestinal:* Pancreatitis (some fatal), anorexia, irritable colon, flatulence, esophageal candidiasis, mucosal atrophy of the tongue, dry mouth. During treatment with omeprazole, gastric fundic gland polyps have been noted rarely. These polyps are benign and appear to be reversible when treatment is discontinued. Intestinal metaplasia noids have been reported in patients with ZE syndrome on long-term treatment with PRILOSEC. This finding is considered to be infestation of the underlying condition, which is known to be associated with such tumors. *Hepatic:* Mild and, rarely, severe elevations of liver function tests (ALT (SGPT), AST (SGOT), γ-glutamyl transpeptidase, alkaline phosphatase, and bilirubin), hepatitis, in instances, overt liver disease has occurred, including hepatocellular, cholestatic, or mixed hepatitis, liver failure, hepatic failure (some fatal), and hepatic encephalopathy. *Metabolic/Nutritional:* Hyponatremia, hypoglycemia. *Musculoskeletal:* Muscle cramps, myalgia, muscle weakness, joint pain, leg pain. *Nervous System/Psychiatric:* Anxiety, including depression, aggression, hallucinations, confusion, insomnia, nervousness, tremors, apathy, somnolence, abnormalities; vertigo; paresthesia; hemifacial dysesthesia. *Respiratory:* Epistaxis, pharyngeal pain. *Skin:* Rash, severe generalized skin reactions including toxic epidermal necrolysis (TEN; some fatal), Stevens-Johnson syndrome, multiforme (some severe); purpura and/or petechiae (some with rechallenge); skin inflammation, urticaria, alopecia, dry skin, hyperhidrosis. *Special Senses:* Tinnitus, taste perversion. *Urogenital:* interstitial nephritis, (some rechallenge), urinary tract infection, microscopic pyuria, urinary frequency, elevated serum creatinine, proteinuria, testicular pain, gynecomastia. *Hematologic:* Rare instances of pancytopenia, agranulocytosis (some fatal), neutropenia, anemia, leucocytosis, and hemolytic anemia have been reported.

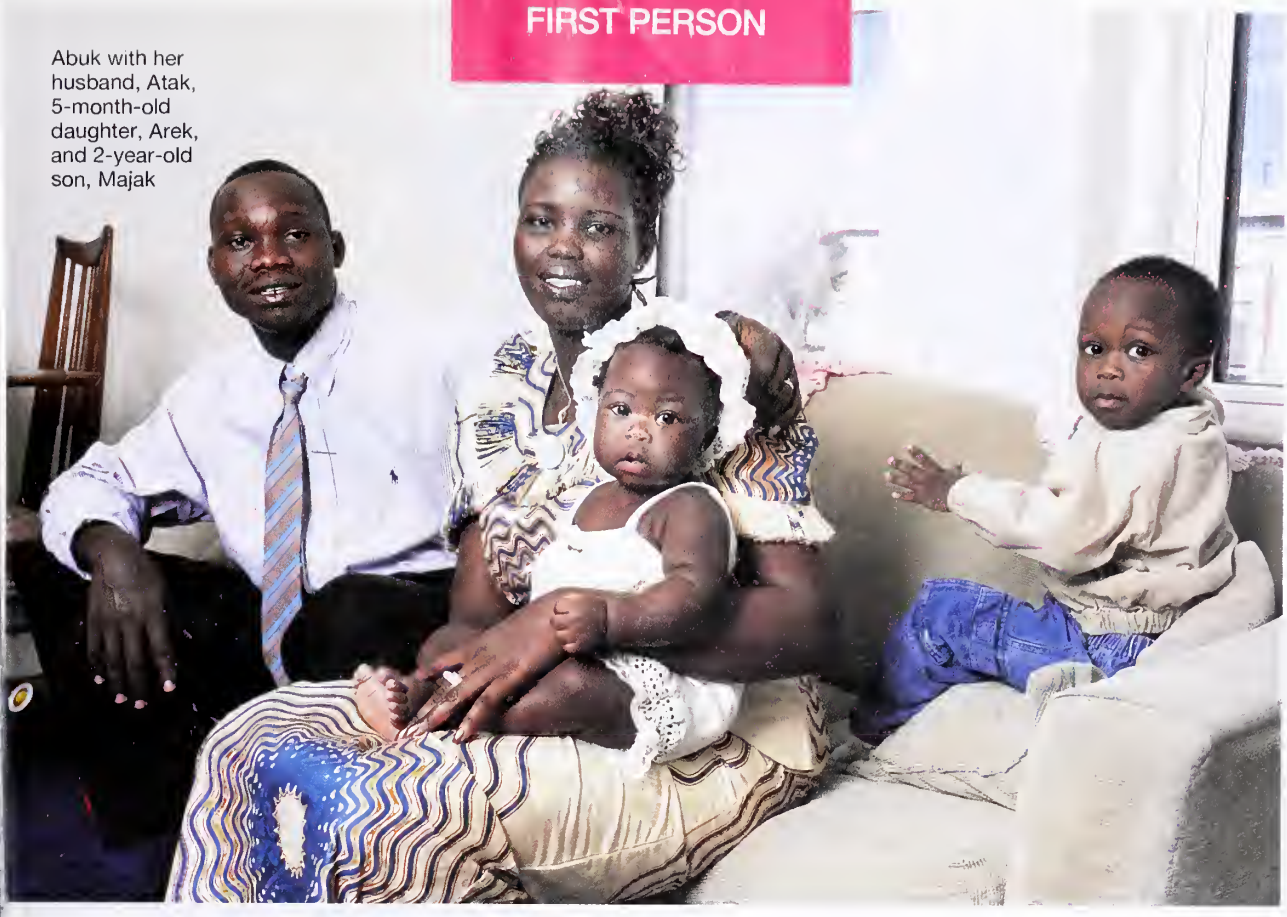
OVERDOSAGE Rare reports have been received of overdosage with omeprazole. Doses ranged from 320 (16-45 times the usual recommended clinical dose). Manifestations were variable, but included confusion, disorientation, vision, tachycardia, nausea, diaphoresis, flushing, headache, and dry mouth. Symptoms were transient, and no serious outcome has been reported. No specific antidote for omeprazole overdosage is known. Omeprazole is extensively protein bound and therefore, not readily dialyzable. In the event of overdosage, treatment should be symptomatic and supportive.

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AstraZ

NOTE: This summary provides important information about NEXIUM and PRILOSEC. If you would like more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with you.



Abuk with her husband, Atak, 5-month-old daughter, Arek, and 2-year-old son, Majak

"I found a new life"

Believe it or not, I was a slave for 10 years. Now I know the true meaning of freedom By Abuk Bak, as told to Michael J. Weiss

For 18 years, the country of Sudan in northeastern Africa has been ravaged by a civil war that has killed 2 million people nd forced 4 million more from their omes. The conflict pits a largely rab and Muslim government in the orth against the indigenous African nd non-Muslim citizens in the south. aused by a complicated mix of reli- ous, ethnic and economic disputes ntering on the country's vast oil elds, the war has been waged by resident Omar el-Bashir and his adical government, which has ombed southern villages, blocked lief shipments and enslaved tens of thousands of innocent civilians.

This is the story of one woman's modern-day enslavement: the back-breaking work, the lonely days—and how she finally managed to make it out alive.

I was only 12 years old when my life changed forever. It was a September morning in 1987, and I was playing with my cousins outside our house in Achuru, a village of people from the Dinka tribe on the border of northern and southern Sudan. Suddenly, we heard horses galloping and gunshots. Members of the Arab militia—soldiers who backed the Muslim government from the north—had come to raid our Christian village. Confused and frightened, we started running. But the militiamen swooped in, burned many houses and killed many men. I saw my grandfather shot dead before my eyes. I had no idea what happened to my parents and five brothers and sisters. Everyone ran in different directions.

Somehow, I managed to stay by my aunt, but we were soon captured by the troops. They threw ropes around our necks and began dragging us along like animals. There must have been more than a hundred women and children being pulled this way. My aunt walked near me, but we didn't speak, *(continued)*

(continued) for fear of being beaten. I was terrified and in disbelief. Though I often heard of troops raiding other Dinka villages, the militia had never come to Achuru.

For a day and a half, the soldiers made us keep walking, never telling us where we were going. We eventually arrived in the northern town of Daien, where they put us in a stockade that I soon learned was a slave market. I was there for only one night when an Arab man came and bought me to be his slave. I don't know what he paid, and after that day, I never saw my aunt again.

The man's name was Ahmed Adam and he was middle-aged. He tied me to a donkey-drawn cart and took me to his home, a large tent where he lived with his wife and their two children in another part of Daien. I was forced to sleep on the ground in a smaller tent used for cooking and to call him "malem," which means "master" in Arabic. That night, I was so scared I couldn't sleep.

From that point on, I lived the life of a slave. Ahmed would wake me up before sunrise, and if I rose too slowly, he'd hit me with a stick. I was given a little food and then sent to the fields to herd cows and goats all day. At sunset, I was allowed to come back, but was only given the family's leftover scraps for dinner. After I finished, I'd have to wash clothes and clean. Sometimes, Ahmed made me work for 24 hours straight. I was so lonely. There were no other slaves nearby, so I didn't know anyone who spoke my language.

I lived in constant fear of Ahmed. If a goat got lost, he'd beat me. If I was physically unable to perform a task, he'd kick me and yell "Abeed, Abeed" ("slave, slave"). Typically, I'd be whipped with a stick three or four times a day. And sometimes, Ahmed would put a knife to my throat just to scare me. I was too afraid to even try to escape.

When I turned 20, Ahmed tried to rape me. I resisted, and he threatened to kill me. Over the next two years he made several more attempts, but I always put up a fight. One night, when I was 22, he got so mad at my refusals that he stabbed me in the right thigh with a knife. It was then that I decided I had to escape, even if it meant I might die trying.

Typically, my master would beat me with a stick three or four times a day

I snuck away the next morning, before Ahmed and his family awoke. After running for an hour, I came to a road and jumped onto the back of the first truck that came along. The truck drove on for hours and finally stopped in what I later learned was the northern town of Babanusa. I found my way to the main market, hoping to locate someone who could help me. Most of the people were Arabs, but some were black female slaves sent to the market by their masters, so I didn't stand out as a runaway. Finally, I saw a man who appeared to also be a Dinka tribesman.

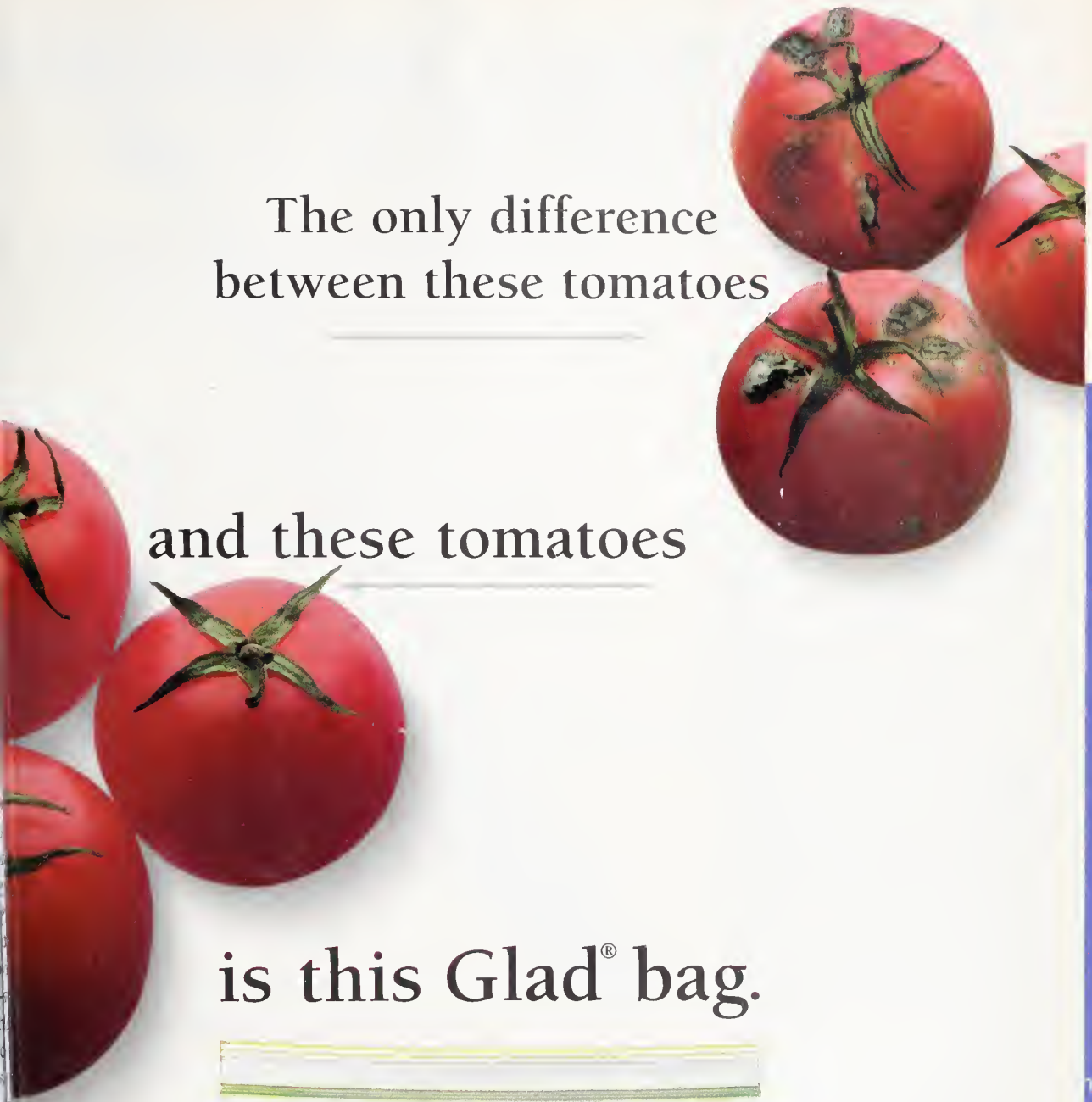
I rushed over to him and explained in my language that I was an escaped slave and wanted to find my mother and father. I was relieved when he replied in Dinka. He told me his name was Majak, and, amazingly, that he once knew my parents in our village. With that, I put my trust in him. He offered to take me to the capital of Khartoum, where he now lived with his wife and five children. He thought I might be able to find my family in the camps of displaced persons, and I agreed to go.

There were tens of thousands of refugees in Khartoum, and the camps were chaotic. For two months, I wandered through them asking all the Dinka people if they had seen my family. When I finally gave up hope of seeing my parents and siblings again, Majak offered to let me live with his family. Government officials often came through Khartoum looking for escaped slaves, and for the next five months I rarely went outside for fear I'd be captured and sent back to Ahmed. Majak would get nervous, too. Eventually he suggested that I flee to Cairo to become the wife of his younger brother, Atak, who had moved there to avoid being forced into the Sudanese army. Because by tradition, marriages are often arranged in our tribe, I agreed.

Majak helped me get a visa, and on September 5, 1998, I flew to Cairo to meet Atak for the first time. Two years older than me, he *(continued)*



FROM SLAVERY TO FREEDOM: Once I had escaped to Khartoum, I fled to Cairo, before ultimately making it to Boston—more than 6,100 miles away



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When it's time to clean your floors, just **squirt, mop and toss.**

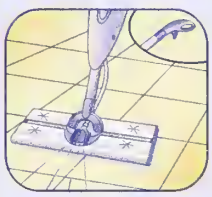
'll be ahead of the game. Whether you want e time for tennis, yoga, or even starting your own iness, don't let a bucket and mop get in the way.

"I CAN COUNT THE NUMBER OF TIMES I've mopped my floors in the last year," says Verity Freebern, busy mom and co-founder of growgrowgrow.com, a new kids' clothing website. "I've even thought of hiring a cleaning person just to do the floors." She's not alone.

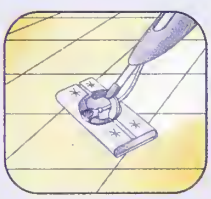
t the quality results of ıditional mopping in half the ıe and without the hassle.

Researchers say as far as worst cleaning jobs, floor cleaning generally comes in below cleaning the bathroom. It's a hassle. You have to wait for the floor to dry. And after that, there's still the job of cleaning the bucket and rinsing the mop. But now there's a new mop that doesn't require a bucket or rinsing. The Clorox™ ReadyMop™ is ready whenever you are. Just **squirt, mop, and toss.** By the time you are done, the floor is practically dry. No more "skating" on towels and rags to dry the floor. Now you'll have time to do some real skating at the ice rink.

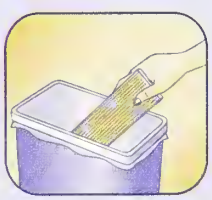




SQUIRT: Pull the trigger to release the Advanced Floor Cleaner directly on the floor.



MOP: As you mop, the Advanced Floor Cleaner quickly dissolves dirt and grease while the Absorbent Cleaning Pad absorbs and traps the dirty liquid.



TOSS: When you are done, toss the used pad in the garbage.

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Paw prints and pet stains

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Hard-to reach spots behind the toilet and under the stove

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Clorox 2® does for colors.



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continued) seemed like a good man. Five days later, we had a formal wedding at a Catholic church in Cairo. About 50 people—mostly Dinka refugees living nearby—came, including an uncle from my mother's side. My only wish was that more of my family could be with me to share my joy of being free and to celebrate the beginning of my new life.

After the wedding, Atak and I moved into an apartment in Cairo, and while he worked as a factory metalworker, I took care of the house. Soon, I was pregnant. When our son was born in 1999, we named him after Majak. We also applied for asylum from the United Nations High Commissioner for Refugees—an agency that provides short- and long-term assistance to uprooted people like myself—and were luckily ruled eligible for resettlement in the U.S. On January 26, 2000, the three of us flew to Buffalo, New York, where the International Institute of Buffalo, a refugee resettlement agency, was sponsoring us. During the flight, I couldn't get over the kindness of the flight attendants. For the first time ever, people were serving me.

With the help of a stipend from the International Institute, we rented a house in Buffalo. After living in Africa my whole life, I was amazed by how cold it was there—and all the snow! Last year we decided to move to Boston, so I could get involved with the Boston-based American Anti-Slavery Group, which works to abolish slavery worldwide. The Sudanese government still denies that it supports slavery, so I've become committed to giving speeches through a translator on behalf of the women and girls who still suffer.

Good things have happened since I came to Boston. Eight months ago, Atak and I had our second child, a girl named Arek. About the same time, after 13 long years, I finally heard from my mother. It turns out that she also had been looking for me in Khartoum, and eventually word reached Majak of the camp where he could find her. When they met, he told her that I'd married his brother and come to the U.S. When I answered the phone, I recognized her voice immediately. Soon, both of us were crying. Joyful and relieved, we talked for an hour and a half. Finally, I knew what had happened to my family: My mother and siblings made their way to Khartoum and Cairo; my father fled to southern Sudan and has been on his own since the day of the raid. Stuck in a war zone, he's been unable to reunite with my mother.



My African dress is my most treasured possession

I've talked to my mother several times since and recently learned that she was also approved for resettlement in the U.S. by the U.N. High Commissioner. I still haven't talked to my father because he has no access to a telephone. But I hope that someday he'll make it to Uganda, and will be able to call me. I dream of the day when our whole family will be together again.

In the two years we've lived here, Atak and I have become like many American families. During the day, he works in the banquet office of a hotel, and I take care of the kids unless I'm scheduled to give a speech. At night, he helps with cooking, washing dishes or doing laundry. That's definitely different from Sudan, where women do all the housework. Most important, Atak treats me well. Our marriage may have been arranged, but I've come to love him.

The next step is for Atak and me to become American citizens, a process we know could take years. But citizens or not, I am grateful for all the freedoms and comforts the U.S. has given me—grocery shopping at the local supermarket and going to church every Sunday without worry. Atak and I dream of owning a minivan like other American families and of buying a house. Of course, we've definitely had to make some cultural adjustments, and I still have problems with the language. I take weekly English classes, but it's still hard for me to talk to people or to understand what's being said to me. When my kids are old enough for school, I'd like to take other classes and get a job in computers or business.

Sometimes, I dream about the knife that Ahmed used to hold to my throat when he was threatening to kill me. Even with all the opportunity I have in America, it's hard for me to forget the 10 years of my life that were taken. So I speak out on behalf of those who cannot escape. I know I am one of the lucky ones. ■

Layoff-proof your life



Taking these precautions now will help you get back on your feet if that pink slip comes your way By Shana Aborn

1. Look for signs.
There are many ways to figure out whether layoffs are imminent, according to Jordon Levin, Psy.D., a faculty member and coordinator of the Career Assessment and Guidance Program at the Adler School of Professional Psychology, in Chicago. "The preeminent sign is a steep drop in your company's profits," he says. Other signs to look for are organizational shifts, outside consultants brought in to evaluate staff performance or being asked to hand in a written job description.

2. Update your résumé.
Even if you're not anticipating a layoff, it pays to have your résumé ready to go. Also, "Build a separate portfolio of your best work," recommends J. Damian Birkel, executive director and founder of Professionals In Transition, Inc., a support group based in Winston-Salem, North Carolina. "Be sure to document how this work improved sales or efficiency, increased profits, and so on—results that are measurable and quantifiable."

3. Network.
Attend job fairs and conferences, join professional associations and make a point of meeting regularly with former colleagues. Don't be afraid to think outside the box, either. "Make a list of everybody you know—right down to your dentist," says Joyce Weiss, M.A., a corporate speaker based in West Bloomfield, Michigan. "Then let them know you're looking to change jobs."

4. Assess your finances.
Experts advise having enough money put away to cover three to six months of living expenses. "If you don't," says Liz Claman, co-anchor of *Today's Business* on CNBC, "figure out what you can cut out of your budget so you can save now."

5. Think of a new field you'd like to explore.
Losing a job can be the perfect opportunity to go after a long-held dream. Start now by investigating careers that interest you and the skills they require.

6. Look into other sources of income.
Having a part-time line of work—like at-home word processing, selling real estate, crafting or dog walking—will give you a financial cushion in case of a layoff. ■

When he's the one laid off

Living with an out-of-work husband isn't easy. But you can help.

■ **Be his best cheerleader.** Criticism will only undermine your husband's self-confidence.

■ **Lend a hand.** Offer to revise his résumé, help him network with his contacts or yours or map out a game plan for the next few months.

■ **Connect often.** Bonnie Eaker Weil, Ph.D., a couples counselor based in New York City, recommends taking 10 minutes a day to discuss what's on your minds. Ask him what he needs from you.

■ **Show your affection.** Touching, kisses and words of love are especially important in times of crisis.

■ **Call in the pros.** If your husband shows signs of depression, encourage him to see a therapist, either alone or with you.

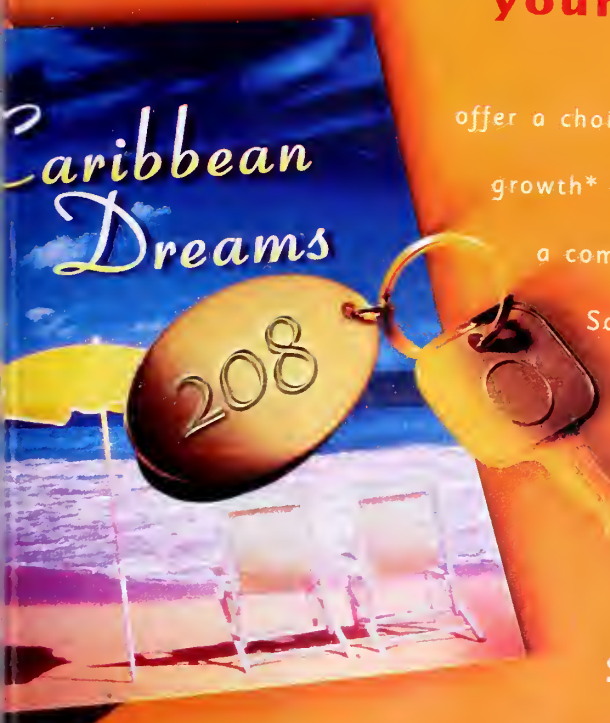
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George & Laura *Love & Marriage*

The President and First Lady have a secret weapon that gets them through both bad times and good: their love for each other. Here, how they keep their relationship strong By Glenna Whitley



Last year, for his wife Laura's 55th birthday on November 4, President George W. Bush threw a surprise party at Camp David, giving her some hurricane lamps for their beloved Crawford, Texas, ranch. To celebrate their wedding anniversary the next day, Laura gave her husband of 24 years the perfect gift. She had tickets to the opera that night. "My anniversary present to him was not having to go with me," Laura says with a laugh.

Despite their high profiles and immense responsibilities, George and Laura Bush have a strong relationship that has endured everything from an unsuccessful political campaign in the early years of their marriage, to the September 11 terrorist attacks, which Laura describes as the biggest crisis in their life together.

"That was the most life-changing event for us, as it has been for every American," says the First Lady. She *(continued)*



"[George and I] have both worked hard to make our relationship strong," says the First Lady. "We have allowed each other to grow in ways that neither of us would have guessed"


George W. Bush

(continued) learned of the attacks while waiting to speak to a Senate committee on education. Whisked to a secure location, Laura talked several times with the President, who was aboard *Air Force One*. "When he landed in Washington, I went back to the White House," says Laura. "We just hugged." George later told friends that he feared he might lose her that day.





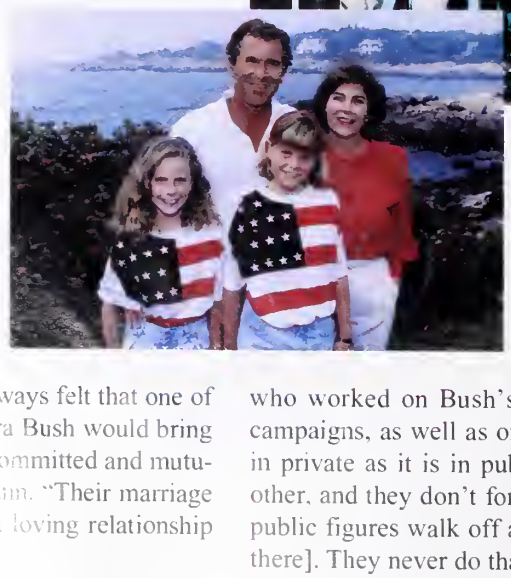


The Bushes at their wedding in 1977 with George and Barbara Bush; campaigning for Congress in 1978; the proud father with twins Jenna and Barbara in 1981; listening to a Reagan-Bush reelection speech in 1984; in Kennebunkport, Maine, in 1991

Despite the pressures they now face, the Bushes remain remarkably close. Since September 11, they spend most weekends at Camp David, the presidential refuge near Washington, D.C., for some precious privacy. A few weeks after the attacks, George cut a trip to China a few hours short to return to Washington to be with Laura. "She's his confidante, and he's hers," says Regan Gammon, Laura's best friend since third grade.

On a personal level, things haven't changed much for the First Couple since the first decade of their marriage, when their mornings consisted of George bringing Laura her coffee in bed, then twin daughters Jenna and Barbara piling in as they read the newspapers. Today, "he still brings her coffee every morning," says Don Evans, secretary of commerce and one of George's oldest friends. "They find time for each other every day." And though their daughters, now 20, are off at college, the Bushes' pets—Barney, a Scottish terrier, Spot, an English springer spaniel, and India, a black cat—often pile in bed with them in the mornings as they read the papers.





"This is a couple who lives as normal a life as they can considering the roles they play," says Representative Jennifer Dunn (R–Washington), who often campaigned with the Bushes during the 2000 election. "They keep privacy around their personal lives."

After the matrimonial storm of the Clinton years, the Bush marriage seems uniquely inspirational. "I've always felt that one of the huge advantages George and Laura Bush would bring to their positions would be a strong, committed and mutually supportive relationship," says Dunn. "Their marriage shows young people they can have a loving relationship and still contribute to the country."

The Bushes' marriage works, friends agree, because George and Laura are best friends. Their relationship is authentic, says Jeanne L. Phillips, ambassador to the Paris-based Organization for Economic Cooperation and Development, who worked on Bush's gubernatorial and presidential campaigns, as well as on both inaugurals. "It's the same in private as it is in public. They're very sweet to each other, and they don't forget each other. I've seen a lot of public figures walk off and leave their spouses [standing there]. They never do that."

When George and Laura are at their ranch in Crawford, Texas, afternoon rides in their pickup truck—often with dog, Spot—are a daily ritual. Below, chatting with visitors to the ranch





'eathering the storm

:cent events have affected the couple ɔfoundly. The First Lady has been ɔpelled into a spotlight different than e ever anticipated when her husband st was running for president. She's l talking about her signature issues, ch as education, but she's also aking out about women's rights in ghanistan, on her own initiative.

Laura met with her staff, composed stly of young women, on Septem- 12. "Many of them were at the ite House that day and were told un [for their lives]," says Laura. "They felt very vul- able. I wanted them to think about ways they could be structive. I think we are seeing how blessed we are he many freedoms in our country."

ill Minutaglio, author of *First Son: George W. Bush the Bush Family Dynasty*, says that the relationship veen the Bushes is vital in this time of crisis. "Almost everyone who has seen her since September 11 has said that she is performing her job admirably, that she is being, really, First Mother instead of First Lady," he says. "In a way, the circumstances of the moment have helped her perfect her vision of what the First Lady should be—someone who adds a reassuring presence, a comforting presence, a solidity and a sense of caring. Those are, it seems, the same things she brings to her marriage."

George has described his wife as "a calming influence . . . and a comfort to me as I dealt with big decisions." Laura has said, "George actually steadies me." In November, she spoke to the National Press Club about how the tragedies changed her husband. "Certainly he's more serious now," said Laura. "We still try to say things to make each other laugh. I think laughter a lot of times defuses nervousness or feelings of anxiety." *(continued on page 144)*

Lighten

By Carol Straley



"I went overboard with highlights once. Since then, I've been a little color-shy"

Before: Dark blond with faded, uneven highlights
Dream: Shiny, golden blond
Haircolor formula: Garnier Lumia Brightening Color Creme #83 Golden Honeysuckle ($6.99)
How-to: Formula is applied to entire head, starting at roots all the way to the ends. After color is applied, it is combed through hair to distribute; in 25 minutes hair is rinsed and shampooed.

"Now my hair has the **sun-kissed look** it had when I was in college"

up!

Whether you want to go from dark brown to pale blond or simply add a few sunny highlights, changing your haircolor can make your skin glow, your eyes sparkle and your self-confidence soar. And you can make it happen with the latest at-home coloring kits

Before: Naturally dark brown
Dream: Glossy caramel brown with golden highlights
Haircolor formula: Garnier Nutrisse Nutricolor Masque #73 Honeydip ($6.99), Garnier Nutrisse Lightening Kit ($6.99)
How-to: Honeydip is applied for 20 minutes; after rinsing out the formula, hair is blown-dry. Next, the lightening kit mixture is applied to random strands with a wide-tooth comb, left in for 10 minutes, then rinsed out.

"I'm a little nervous about going lighter because my hair is so dark"





"I love it! Next time I plan to go even lighter!"

Shake up your makeup



When you lighten your hair it can exaggerate any redness or blotchiness in your complexion. Even your skin tone with a foundation that's lightweight yet covers well. New: Max Factor Facefinity Long Lasting Makeup ($9.80)



Neutral lipstick in a toasty pink looks beautifully natural. Try Ultima II Ultimate Edition Lipstick in Spirited Toffee ($15); available at J.C. Penney.



Best blusher shades for blonds: apricot, coral, cinnamon, or bronze-rose. Bronze or golden undertones add warmth without coming on too strong. Here, Merle Norman Luxiva Lasting Cheekcolor in Bare Coral ($14.50).



"I've had the Snow White look my whole life, and I really need a big change"

Before: Naturally dark brown hair lightened to light brown with honey blond highlights
Dream: More dramatic golden blond highlights for allover shine
Haircolor formula: Garnier Nutrisse Lightening Kit ($6.99)
How-to: Hair is sectioned in layers; layers underneath are combed through with lightening kit formula first; then top layers are combed through with the lightening formula. After 20 minutes, hair is rinsed.

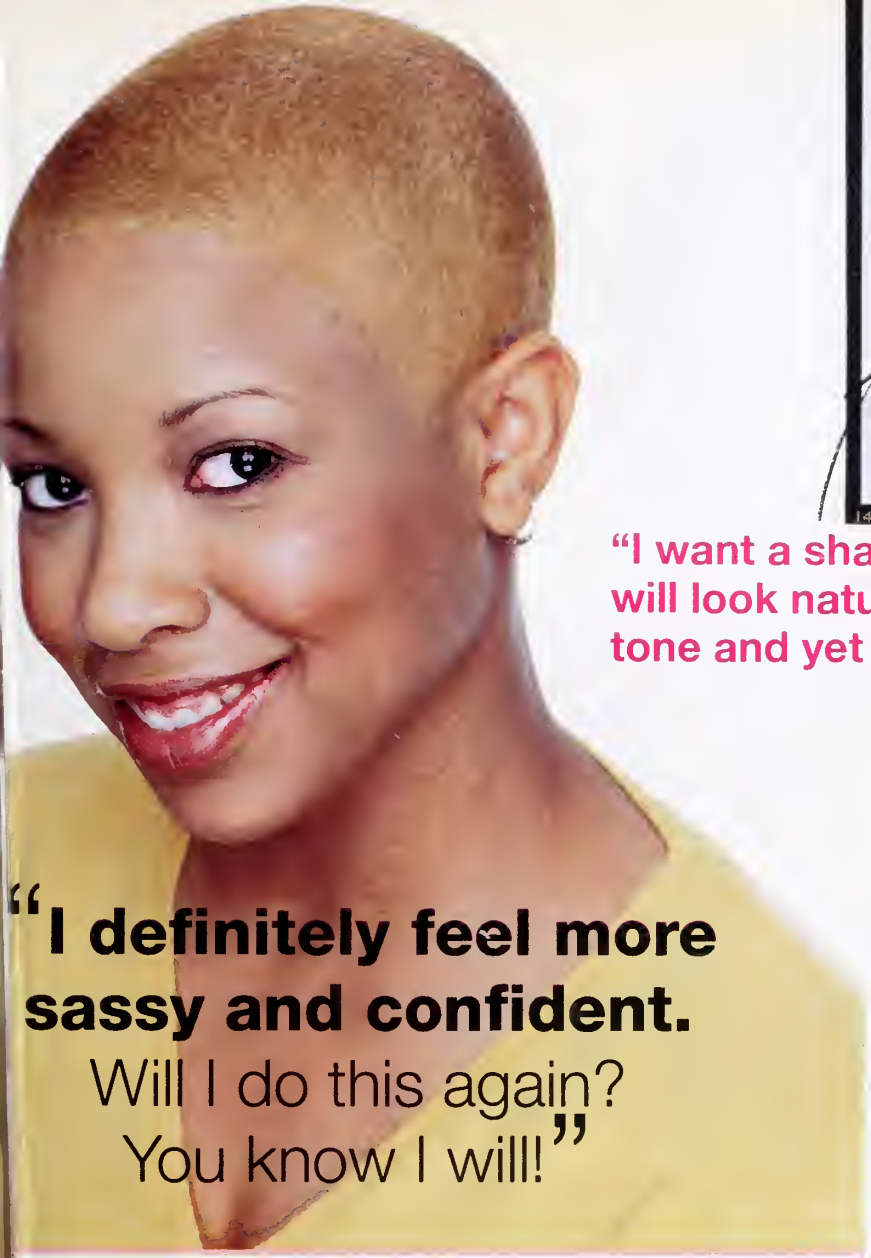
"I didn't tell my husband I was doing this, but **he's crazy about** the new blond me, too!"

Should I or shouldn't I . . .

For the best results, colorist Stephen Sanna of Pierre Michel Salon in New York City suggests that you let your hair go unwashed a day or two before. The oils that build up on your hair will protect your tresses.

Your hair should be healthy before a color treatment, but don't pre-condition your hair the same day. The color will go on more evenly if there is no residue from any hair-care product.

If you have slight brassiness, you can tone it down with a semipermanent haircolor formula two shades darker than your natural shade. For bigger mishaps, call the 800-number listed on the box of your haircolor formula.





Johari Mayfield, 29

"I want a shade of blond that will look natural with my skin tone and yet still turn heads"

Before: Dark brown
Dream: Allover light, sunny blond
Hair color formula: Garnier Nutrisse Nutricolor Masque #70 Almond Crème ($6.99)
How-to: Apply allover head and leave on for 25 minutes.

"I definitely feel more sassy and confident. Will I do this again? You know I will!"

Goof-proof coloring guide

No more mistakes or messes—we promise! Just follow these at-home coloring tips from top hair colorist Stephen Sanna.

1. Always follow package directions to the letter, including details for allergy testing and strand testing. The strand test allows you to see how quickly your new shade will develop.
2. If you've had a perm or straightening treatment, wait two weeks before you color your hair. Pregnant? Play it safe and check with your doctor, even if you're thinking of adding only a few highlights.
3. Most of the latest haircolor formulas won't drip onto your skin, but for extra insurance, apply a thin ribbon of petroleum jelly or moisturizer around your hairline. This creates a barrier between your skin and the color. You can also wipe off any drips with a few drops of astringent shampoo dabbed on with a towel.
4. For even application, part hair into sections. Start at the temples (usually the grayest area) and work your way to the back. Apply the color from roots to ends—make sure hair is really saturated with the formula.
5. Do not pile your hair on top of your head! Your color will process more evenly if you leave your hair down.

Your best shade

Go a shade or two lighter than your natural color. Fair skin? Go up to three shades lighter or darker. Avoid red tones if you're rosy. If you're olive or sallow, try "ash" or "beige" shades. Cool tones counteract yellow in your skin.

Before: Dark brown hair lightened to blond that has turned brassy
Dream: A softer, more natural-looking blond with darker blond highlights
Haircolor formula: Garnier Lumia Brightening Color Crème #70 Jasmine Bouquet ($6.99)
How-to: Haircolor formula is left on for 20 minutes and rinsed out. After hair is blown-dry, a second batch of the same formula is applied to random strands with a wide-tooth comb and left on for 20 minutes. This creates "lowlights," darker strands of blond that help overall color look more natural. Bangs are not darkened—the contrast of lighter bangs calls attention to Kathleen's eyes.

"My haircolor is too brassy, which makes my roots look even darker"



"A softer tone of blond **does more for me** and looks richer than a bright shade"

TLC for blond hair

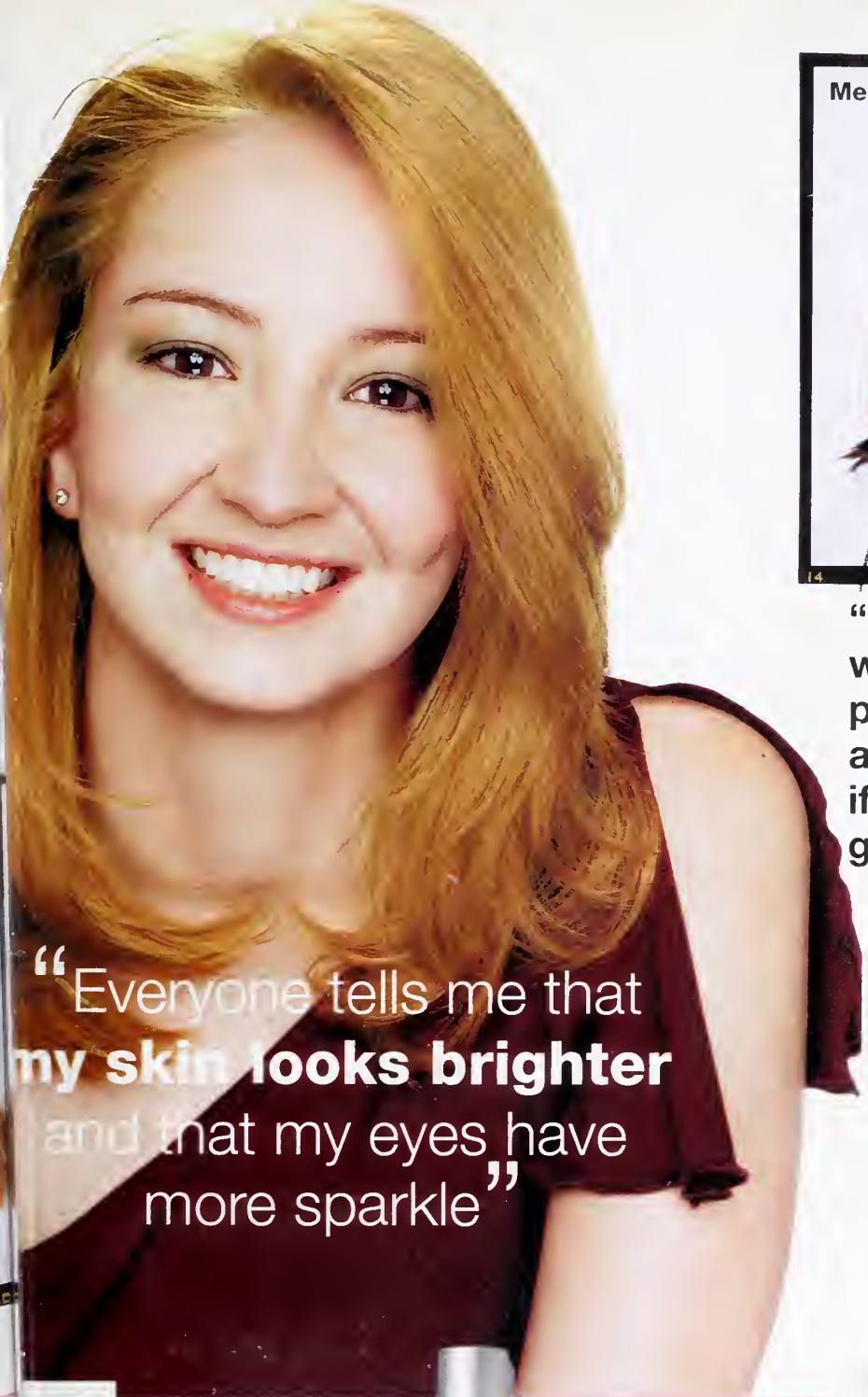
Here's what's new to keep lightened locks healthy, shiny and silky to the touch



Shield it Rusk Blondes Platinum Blonde Conditioner ($9.95; 800-873-7875) tones down brassiness in platinum and light blonds. Sunflower seed extract fights fade-out by filtering out UVA/UVB rays.



Color booster Revive fading color with Bumble and bumble Color Support Shampoo for Golden Blondes ($18; 800-728-6253). It deposits subtle pigment to add warm tones and highlights. Best used a week or two before a color treatment.

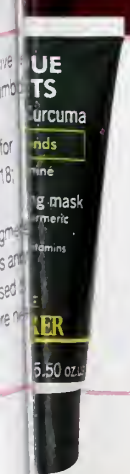




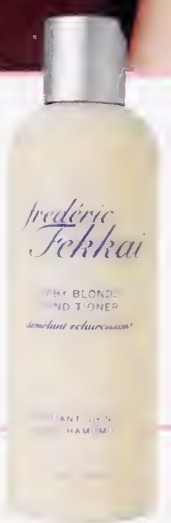
"I've always wondered whether people would look at me differently if I were a glamorous blond"

Before: Color-treated dark brown to match natural color
Dream: Vibrant strawberry blond
Haircolor formula: Garnier Nutrisse Nutricolor Masque #101 Sugar Cane ($6.99)
How-to: Brunets like Meredith need to opt for a single-process formula in the palest shade of blond to lift it to a reddish blond. Color is left on for 20 minutes.

Win your own blond makeover! For details, see page 114.



Mask maker
Weekly treatments with René Furterer Masque Reflets Color Enhancing Mask ($20; call 888-864-6912) keeps color-treated hair strong and healthy. Chamomile flowers and curcuma plant extract brighten and add golden tones.



Gentle conditioner
Frédéric Fekkai Baby Blonde Conditioner ($18.50; call 888-333-5524) treats fragile blond tresses with care. Chamomile and sunflower extracts add shine.



Sheer-lizing style
John Frieda Sheer Blonde Brand New Blonde Revitalizing Styling Foam ($5.50; to order, call 800-521-3189) babies blond hair with milk proteins. A non-yellowing ingredient refreshes burned-out blonds.



Big, comfy sweaters on a crisp, clear day are what that weekend feeling is all about. Instead of the usual jeans, go for a sexier look with a fitted denim skirt, warm wooly tights and fun boots to kick around in

On her: Sweater, J Crew, $68. Jean skirt, Earl Jeans, $84. Boots, Tamara Henriques, $115. Bag, Longchamp, $95. Scarf, Wooden Ships at Anthropologie, $42. On him: Sweater, Lands' End, $88. Shoes, Clarks England, $110.

Away for the *weekend*

It's hard enough to steal away for a night out with your honey, never mind two whole days. But when you do manage the time together, make the most of it in clothes that look terrific and get you ready for the fun to come

PRODUCED BY MEG GOLDMAN. PHOTOGRAPHS BY SHANNON GREER


REGINA M.



This page: A crocheted cotton sweater is light enough to wear year-round and works just as well with denim as velvet jeans. Pull it all together with a soft suede car coat to arrive in style.
To win one of 10 weekender bags just like this one by Aerosoles, turn to page 114.

On her: Sweater, Tehen, $230. Trousers, Joseph, $280. Jacket, Rem Garson, $250. Boots, Charles Jourdan, $275. Hoop[illegible] West, $16. Black weekender bag, Aerosoles, $65. Shoulder bag, Anthropologie, $138.
On him: Peacoat, NYBASED, $300. Shoes, Banana Republic, $118. Black bag, Filofax, $425.

Bottom right: A denim blazer is this season's new take on the jean jacket and [illegible] is back in a big



A romantic getaway wouldn't be complete without a cozy dinner for two. What's more perfect than a stretch-lace cocktail dress that folds into a suitcase easily and comes out ready to wear? Dress, Corey Lynn Calter, about $188. Shoes, Martinez Valero, $130.



A weekend of rest, relaxation and getting reacquainted with each other

Left (on her): Blazer, DKNY Jeans, $118. Shirt, American Eagle Outfitters, $24.50. Corduroy pants, Banana Republic, $58. Shoes, Clarks England, $100. Scarf, J Crew, $38. Hat, Hat Attack, $28. On him: Sweater, Lands' End, $38.



ALL PHOTOS TAKEN AT RANDALL'S ORDINARY INN AT NORTH STONINGTON (MYSTIC, CONNECTICUT). SHOPPING DETAILS, PAGE 142



Above: You're finally alone together, and your run-of-the-mill lingerie just won't do. Bring along something really special like this two-piece set by La Petite Coquette for Leigh Bantivoglio. Cami, $161, and tap shorts, $112. Right: Winter-white wool trousers and sweater give you a head start on spring's white trend. Love the look of shearling but not its price tag? Treat yourself to a mini version—a shearling hat—to keep you warm on a walk in the woods. On her: Sweater, $155, pants, $265, both Shin Choi. Shoes, Clarks England, $100. Hat, Hat Attack, $85. Blanket, Pendleton, $50. On him: Pants, NYBASED, $110.

When it's just the two of you, love is in the air—everywhere



Win a romantic weekend for two

"Away for the weekend" was photographed at Randall's Ordinary Inn & Restaurant, in North Stonington, Connecticut, one of 33 towns in the area known as Mystic Places. Turn to page 114 for your chance to win a weekend in Mystic Places, which includes airfare, accommodations and his-and-her spa treatments.

Five months after the terrorist attacks on the World Trade Center, there are still stories left untold—including those of the 16 men and women rushed from Ground Zero to the Burn Center at New York–Presbyterian's Weill Cornell Medical Center. Often burned beyond recognition, these victims clung valiantly to life as doctors and nurses worked around the clock to save them. *Ladies' Home Journal* tells the exclusive story of one patient's torment and terror—and of the nurse who has helped her heal

Hope and Healing

By Hallie Levine

Vasana Mututanont, 48, a Thai citizen, has lived in New York City with her husband, Somporn, and her three children, Nissa, 16, Krist, 12, and Napat, 10, for two years. She worked on the 37th floor of One World Trade Center and was in the lobby when the first plane hit.

THE PATIENT'S STORY

My husband and I had dropped off the children at school and walked the few blocks to our jobs at the World Trade Center, where we both work for a state government agency. Somporn stopped at the drugstore, but I went straight to the office. I walked past the turnstile and said hello to the security guards, ju as I always do. As I passed the freight elevator there wa huge boom, and everyone stopped in their tracks. Whe saw smoke pouring out of the elevator, I thought, I've to get out of here! As soon as I got outside the buildin fell down and couldn't get up. Then I felt a scorch heat. A fireball had passed right through me. I looked hind me and saw people screaming, their hair and ba on fire. I closed my eyes and started praying.

"Vasana!" My husband shouted as he pulled me to feet. His face was ashen, and there was soot in his ha said, "How come I can't stand?" Then I looked down saw blood pouring from my ankle. He led *(contin*



For two months, patient Vasana Mututanont was treated at the Burn Center by nurses like Barbara Ritchwood. Mututanont, who had second- and third-degree burns over 40 percent of her body, is expected to heal within a year after extensive therapy

(continued) me across the street to the World Financial Center, where we waited for an ambulance. As we stood there, the first tower collapsed. I heard screams.

When we reached Bellevue Hospital, I was told I had second- and third-degree burns over 40 percent of my body. I'd also severed my right Achilles tendon on a piece of glass, which was why I couldn't walk. That afternoon, my skin started to blister, and I was in excruciating pain. They had to scrape away all the burned skin, leaving behind a red, raw mess. I was given morphine and other drugs to ease the pain.

"I felt a scorching heat. A fireball had passed right through me"

I was worried sick about my kids. I knew they probably thought they'd lost both their parents. Somporn, who'd injured his wrist and suffered minor burns, couldn't leave the hospital to find them until about noon. He ran to their school, only to learn they'd been taken to another one, so he had to run several miles to find them. They weren't allowed back into our apartment—the area had been evacuated—so he ended up taking the kids to a friend's house in Queens for a few days.

I was transferred to the Burn Center at Cornell at about 1 A.M. The doctors at Bellevue had explained it was one of the best burn centers in the country, so I was relieved to be there. Roger Yurt, M.D., the director, explained that I would need a series of operations known as skin grafting—healthy skin would be transplanted to the burned areas of my body. I was in so much pain it was difficult to concentrate on his words.

After the first week, I finally saw myself in a mirror. I thought, I can't believe this is me. I had swollen, raised white spots all over my back and legs, and burns on my cheeks. The flashes of white stood out against my dark skin. And I had an expression of terror and fear.

Doctors started the skin grafting almost immediately. They took skin from my stomach, thighs and buttocks, so it hurt to sit, lie down, even breathe. They put a substance called DuoDERM, a moist gel, over those areas to prevent infection, but it was so sticky, a nurse would literally have to peel me off the bedsheets. The worst part was the shower room. The nurses took me there three days after the operation to remove my bandages and clean the newly grafted skin. I'd never experienced such pain in my life. I was crying like a baby. I kept begging for morphine until finally the nurses said, "If we give you any more, you could pass out." The next time I had the skin grafting, I was in such a state of anxiety thinking about the shower room I couldn't sleep for three days. Finally the doctor agreed to knock me out so I could sleep through the process.

It was very hard seeing my kids. When they first visited me, they were scared. My burned skin was still white and swollen, and the areas where the doctors had started the skin grafting were a bright red and dark purple. The kids told me they'd watched the World Trade Center collapse. They'd seen parents race to the school, and when Somporn and I didn't return, they thought we'd died. They spent the day huddled in a corner, crying. I felt so horrible they'd had to go through that. After that first visit, Nissa came back daily, but Krist and Napat didn't return. Somporn thought it best if they just talked with me on the phone because they'd gotten very quiet and stopped eating after seeing me.

I finally went home on Sunday, November 11—exactly two months after the attack. The lobby was filled with friends and neighbors holding flowers, and Somporn had prepared a sumptuous Thai meal. It was so good to hold my kids again. I was back at work by January. Though none of my co-workers were hurt, our office was destroyed, so I'm commuting uptown.

People ask if I'm angry. The answer is no. At the Burn Center, I saw people just hanging on to life, but I was lucky enough to make a rapid recovery. The grafted skin is healing, and within a year it will fade into my normal skin color. I may not look perfect, but I won't have the white, raised scars that cover the bodies of so many other burn survivors. For the next year, I have to wear a tight support garment—it looks like a large support stocking—over my body 23 hours a day. The pressure from the stocking promotes healing. I'll also need physical therapy for at least a year to strengthen my Achilles tendon and help my body adjust to the skin grafts, which make me stiff, especially around the joints. Luckily, my health insurance covers all of this.

Every day, I count my blessings. I'm Buddhist, so I believe in the notion of karma—you accept what has happened as your fate, and move on. I moved to New York from Thailand two years ago for my company to help persuade American businesses to do work in Thailand. I'm supposed to be here for another two years, and I have every intention of staying. I love New York, and no one is going to scare me away.

Barbara Ritchwood, 33, has been a senior staff nurse at the Burn Center at the New York–Presbyterian's Weill Cornell Medical Center for more than 11 years. She was on duty the morning of September 11.

THE NURSE'S STORY

I was setting up a new patient's room when I heard on the news that the first plane had hit the World Trade Center. I thought, This can't be real. I was down there this morning. If I hadn't agreed to come in three hours earlier, I would have been emerging from the subway when the planes hit. Several other nurses ran into the room. "Everybody get the beds cleared out," I said. "There's going to be chaos." I was so busy I barely had time to call my cousin, Larry, who works near the World Trade Center; luckily, he was fine. Then I called my mom in Pennsylvania. "Don't panic if I'm not reachable for a few days," I told her. "We've got a lot of work to do."



Seven of the World Trade Center burn victims have gone home—including Vasana Mututanont

The first patient arrived at 7:05 A.M. He must have been in his 40s, but he was so disfigured it was hard to tell. He had third-degree burns all over his body. His face was so swollen he could barely open his eyes. His skin looked dry—there was literally no fluid in it. You could see all of the collapsed blood vessels. And the smell was unmistakable—the awful scent of burnt hair and flesh. Unbelievably, he was still conscious and talking. After I got his name, age and whether he had any allergies, we put him on a ventilator immediately—when someone is that burned, the throat can swell and prevent him from breathing.

The next five hours passed at warp speed. By 2 P.M. we had admitted 14 critically burned patients. The ones who were conscious kept telling me, "The Trade Center came down," and I kept asking, "Are you sure?" I couldn't believe it.

Once you admitted patients, you had to call their families. Those were tough calls—on the one hand, you're telling them their loved ones are burned beyond comprehension, but on the other hand, they're alive. The third man I admitted had such swollen, burnt fingers we were afraid his wedding band was going to cut off his circulation. It took a whole bottle of lubricant to get it off. I was so busy I left it on my finger and forgot about it as I called his wife. She began to cry, then screamed, "Oh, my God, he's alive!" When she came in three hours later, I still had his ring on. I gave it to her, and she burst into tears; she now wears it around her neck on a chain. Thankfully, the man survived—he left the center in November and continues to heal.

Later that day, I went up to another patient and said, "My name is Barbara. Is there anyone you want me to call?" He murmured, "Barbara. That's my mother's name." That's when it hit me. This guy was around my age. Just like me, he worked and talked to his mom on the phone. It just as easily could have been me.

When I left around 1 A.M., we were still receiving badly burned patients from other hospitals. That's when Vasana arrived; I remember the look of fear on her face. I'd seen it a lot that day—terror mixed with excruciating pain and disbelief. Her knees were really swollen. I told her we needed to get them X-rayed, and she just nodded. She was in complete shock.

> "The patients were so ill, just cleaning their wounds took three or four nurses"

The next few days were a blur. I thanked God the Federal Emergency Management Agency and the American Burn Association provided visiting nurses. We worked in pairs so there was always at least two of us in a room. We needed it—the patients were so ill, just cleaning their burns to prevent infection required three or four people. For the patients, this is an incredibly painful process. First we cut off the blistered areas of their skin. Sometimes we call it degloving, because it's not unusual *(continued on page 97)*

11 MILLION WOMEN HAVE SUDDEN URINE LOSS







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Wiped out on weekends?

More and more of us are paying for tough workweeks by falling ill when they're over. Here, how to keep stress from stealing your downtime

Stress levels are at an all-time high, according to the American Stress Institute, in Yonkers, New York, and it's not just because the events of September 11 have put us on edge. Right now, Americans are working harder than ever. With the economy in a slump and record numbers of layoffs, "Many of us are logging more hours at work just to keep our jobs or struggling to find new ones," says Vivien Wolsk, Ph.D., a psychologist and dean of faculty at the Gestalt Center for Psychotherapy and Training, in New York City.

As a result, doctors are seeing a rise in the number of people who, worn out from it all, are falling ill on weekends. They have even coined a name for the condition: "leisure sickness." In a recent study of 1,893 people, Dutch researchers found that the condition afflicted both women and men, and caused flu-like symptoms, such as headaches, sore throats and muscle aches. Symptoms were often triggered by work or relationship difficulties, or by a major life change, such as the birth of a baby. Leisure sickness most often occurred in perfectionists, high achievers and those who felt guilty about taking time to relax.

Making matters worse is the fact that most of us don't even have time on the weekends to rest up: We're busier than ever, doing errands and household chores. "People work long hours [during the week], and then their time at home is almost as much work as their time at work," says William Norcross, M.D., professor of clinical family medicine at the University of California, San Diego. "I'm so tired I don't even want to get out of bed on Saturday," says Karen Beye, 35, a Marietta, Georgia, lawyer and mother of two. "But there's a whole stack of chores waiting for me."

Fortunately, there is a cure for leisure sickness, experts say: Stop pushing yourself so hard. During the week that means taking time for yourself every day—whether it's having lunch with a friend or taking a walk. On weekends, make time for fun. So what if the house isn't spotless? Enjoying downtime with your family is more important. "Find a better balance in your life," says Ad Vingerhoets, Ph.D., a professor of clinical health psychology at Tilburg University, in The Netherlands, and an author of the study. "Once you do that, leisure sickness disappears."

—Michele Meyer





Working too hard all week can leave you sick come Saturday

HOW TO HAVE A HEALTHIER WEEKEND

- Pay attention to your body's signals. Aches you feel on Wednesday will get worse by Saturday. Address them when they first start.
- Regulate your caffeine intake during the week. The Dutch study found that participants who drank a lot of coffee and soda during the week experienced withdrawal symptoms when they suddenly cut down on weekends.
- Build islands of peace into your week with quiet time, meditation or yoga.
- Exercise regularly to burn off stress and help you switch gears into relax mode.



Controlling your flow

Menorrhagia, or heavy menstrual bleeding (periods lasting longer than seven days or heavy for more than three days), affects millions of American women. In fact, the problem is so widespread it's been called "the common cold of gynecology." Until recently, sufferers had only a few ways to gain some limited relief: taking birth control pills or taking over-the-counter, nonsteroidal, anti-inflammatory drugs like Aleve or Nuprin.

But now there's a new option: an intrauterine device called Mirena, which was approved by the FDA last year. In early testing, Mirena significantly decreased blood flow in all users and stopped menstrual bleeding altogether in 20 percent after using it for one year. The device costs about $350, making it cheaper to use over its five-year life span than pills. It may also be covered by insurance.

Women wishing to conceive can have the device removed at any time in a simple office procedure. If you aren't sure whether your menstrual flow is normal, see your gynecologist.

—Meredith Franco

BODY BRIEFS

Nursing number two

If nursing your first baby was difficult, you may have an easier time with your second. Researchers in the United Kingdom studied 22 mothers and found that they produced 31 percent more breast milk one week after the birth of their second child than they did with their first.

Open up and say, "Argh!" Money woes? Research shows that high levels of financial stress coupled with poor coping behaviors can double the risk of gum disease. Stress reduces the body's production of plaque-fighting saliva and inhibits its ability to combat infection. Lower your risk by being vigilant about your oral health.

Breast-cancer odds

According to a recent survey by The American Cancer Society, 40 percent of women age 35 and older believed their breast-cancer risk was 20 to 50 percent. Respondents also believed that women age 30 to 49 are most at risk. In reality, a woman's lifetime risk of breast cancer is about 12 percent, and the risk increases with age.

—Dominique Andrews

THE HEALERS



Otis with Venus and Serena Williams

A pioneer in sports medicine

When you're watching women's figure skating during the Olympics this month, you may notice that the athletes aren't as young as they used to be. Thanks to the work of sports-medicine doctor Carol L. Otis, M.D., age rules in many women's sports have changed to protect the health of young women athletes.

In 1994, Otis chaired the Age Eligibility Commission for Women's Tennis and found that participation in professional tennis by young girls could lead to problems with their emotional and physical growth. As a result, the age girls could go pro was raised from 13 to 14, and rules were implemented limiting how much they could compete. Since then, other sports like gymnastics and figure skating have followed suit.

One of a very small sorority of women's sports-medicine specialists, Otis, 51, runs one of only two women's sports-medicine clinics in the country, the Women's Sports Medicine Clinic at the Kerlan-Jobe Orthopaedic Clinic, in Los Angeles. "For many years, the male model has been applied to women being trained and treated," says Otis. "Only recently has there been any effort to differentiate women's needs, and we're just beginning."

—Marisa Sando


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Antibiotics: The new threat

The more we use these medications, the less effective they are against infection. But you can protect yourself and your family from this potentially deadly problem. By Richard Laliber

It was December 1999, the week between Christmas and New Year's, and 35-year-old Julie Nilsen of Louisville, Colorado, was feeling stressed. Exhausted, she came down with what she thought was the flu. She was feeling better when, "In the middle of the night, I woke up with this horrendous earache," she says. "I thought my eardrum would burst." It did, the next morning in the doctor's office. Reeling with pain, Nilsen left with a 250 milligram prescription for an antibiotic. By the end of the week, she was still in agony. Her doctor prescribed 850 milligrams of a different antibiotic, which seemed to help—until about 4 P.M. New Year's Day. Suddenly, Nilsen had a searing headache and began vomiting. "Go to the emergency room," her doctor instructed when she called him. At the hospital, a spinal tap revealed meningitis, caused by bacteria that had migrated from her ear to the membranes surrounding her brain and spinal cord. Nilsen had been infected with a virulent strain of bacteria resistant to multiple antibiotics.

She became delirious, then lapsed into a coma for two and a half days. During that time, intravenous doses of two different antibiotics finally vanquished the bacteria. "I've been healthy all my life," says Nilsen. "I run, bike, camp, ski. But this bug really got me." The experience has left her fearful, especially for her two children. "I know there are a lot of bugs out there that could make a child really sick," she says. "... there's no medicine left to fight ... fections with, my babies could die ...

A growing danger

When bacteria are the enemy, ... antibiotic is the ultimate weapon ... kind of neutron bomb that wipes ... entire populations of invaders. ... sometimes the toughest germs ... vive an antibiotic assault, qui... multiplying and passing their h... genes to their offspring. Strains ... *Streptococcus pneumoniae*, w... causes ear infections, pneum... and meningitis, can spawn a ... generation in a matter of *(conti...*



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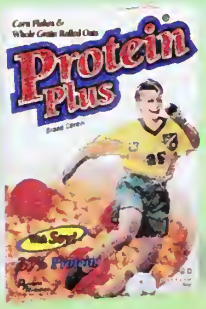
Photo based on actual clinical results after 8 weeks of use. Results vary. Beiersdorf Inc. ©2002

Just a few of the ways you can eat to your heart's content.

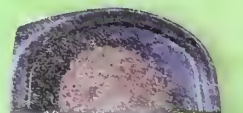
25 grams of soy protein a day as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease.



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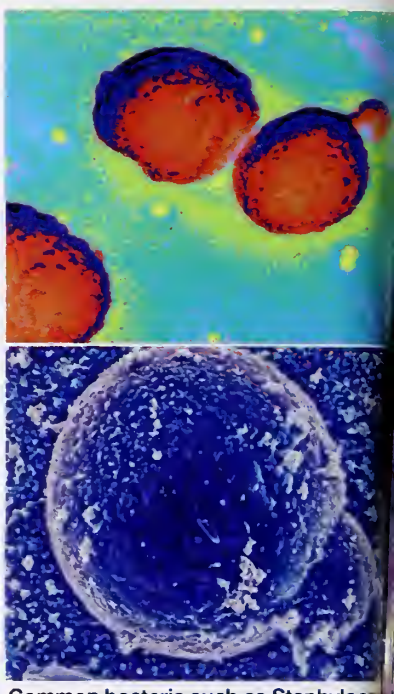
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hours. This microscopic survival of the fittest eventually produces legions of infectious bacteria that don't even flinch at our most powerful medicines.

These superbugs can develop in the body with each antibiotic use, making illness progressively more difficult to treat. "The more antibiotics are used, the more resistance there will be, whether in an individual, a hospital, a day-care center or the community," says Stuart Levy, M.D., director of the Center for Adaptation Genetics and Drug Resistance at Tufts University School of Medicine, in Boston. Researchers have sounded alarms for years, but the public only recently has begun paying attention. One reason: Stockpiling of the anthrax-fighting drug Cipro has raised fears that overuse would render it ineffective. "The anthrax scare has been a blessing in disguise," says Levy. "It's bringing the bigger issue to center stage."

Because of antibiotic overuse—U.S. doctors write 160 million prescriptions for antibiotics each year—bacterial

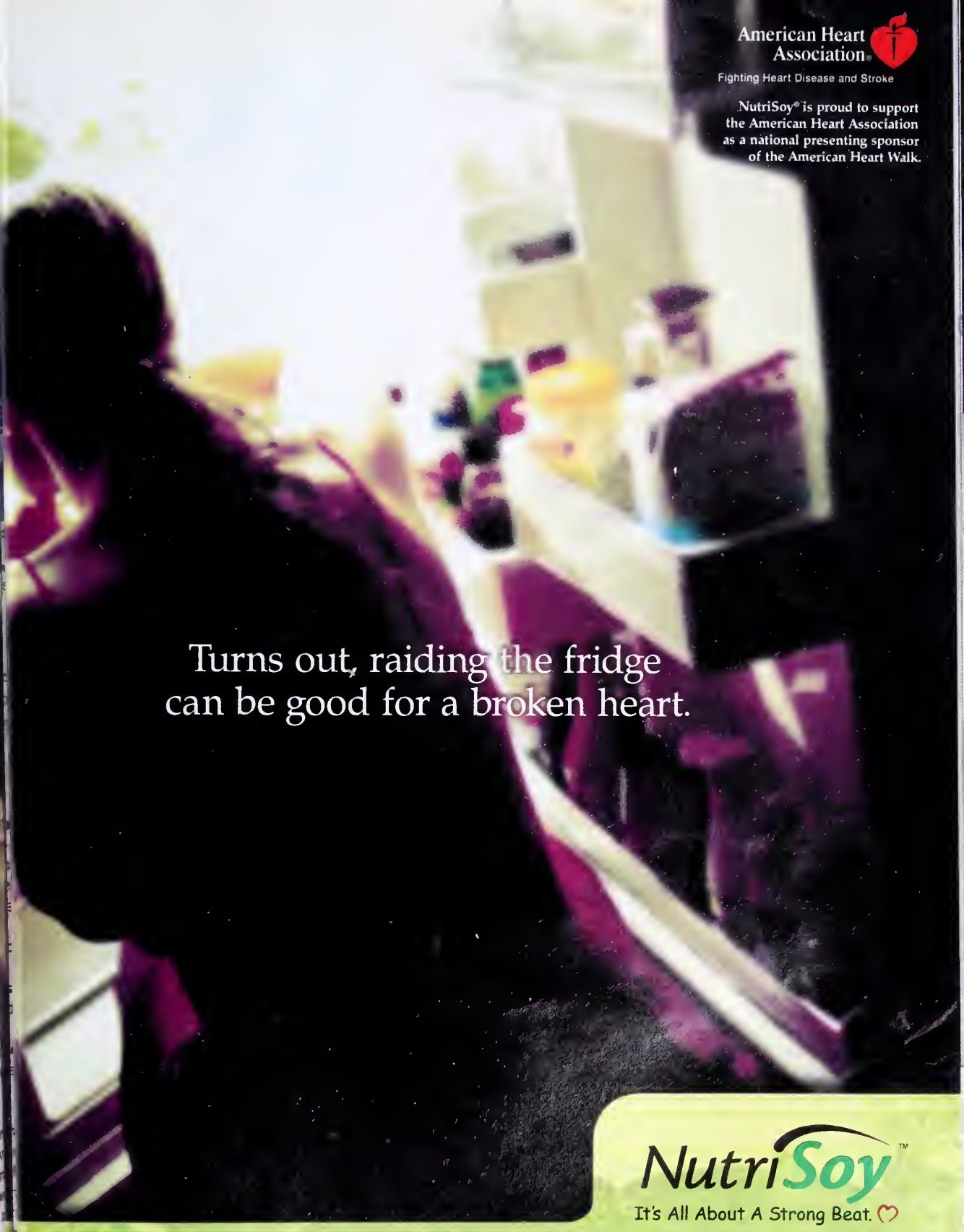


Common bacteria such as Staphyloco aureus (above) and Streptococcus pneumoniae (top) can evolve into virul strains that are resistant to antibiotics

resistance is not only common, it' creasing. A recent report from the ters for Disease Control and Preve (CDC) found that in just two year sistance to *(continued on pag*

STOP THOSE SUPERBUGS

To combat drug-resistant bacteria, take these steps:
1) Be alert to viruses. Don't assume antibiotics will always help. If your child has an ear infection and a fever, treat it with over-the-counter medications like ibuprofen or acetaminophen. "If your child acts normal after the fever is down, she's probably got a virus," says Neil Fishman. "If not, the problem is more likely bacterial." For sore throats accompanied by a runny nose and cough the likely culprit is a virus, says Jeffrey A. Linder, M.D., a research and clinical fellow at Massachusetts General Hospital and Harvard Medical School, in Boston.
2) Wait it out. Don't ask for drugs if your doctor feels you'll be fine without them. The CDC and other organizations recently gave doctors new prescription guidelines based on research showing many patients get better without drugs.
3) Follow your prescription. Skipping doses kills fewer bacteria, increasing the chances that survivors will become resistant. Finish medication to make sure all the ba bugs are eliminated
4) Wash with regula soap. Many experts antibacterial soaps further promote antibiotic resistanc the environment without providing a advantage against germs (although studies have not p a risk to human he
5) Handle food carefully. Avoid spreading bacteria using separate kn and cutting board raw meat, frequen washing hands ar cooking burgers a poultry to an inte temperature of 16



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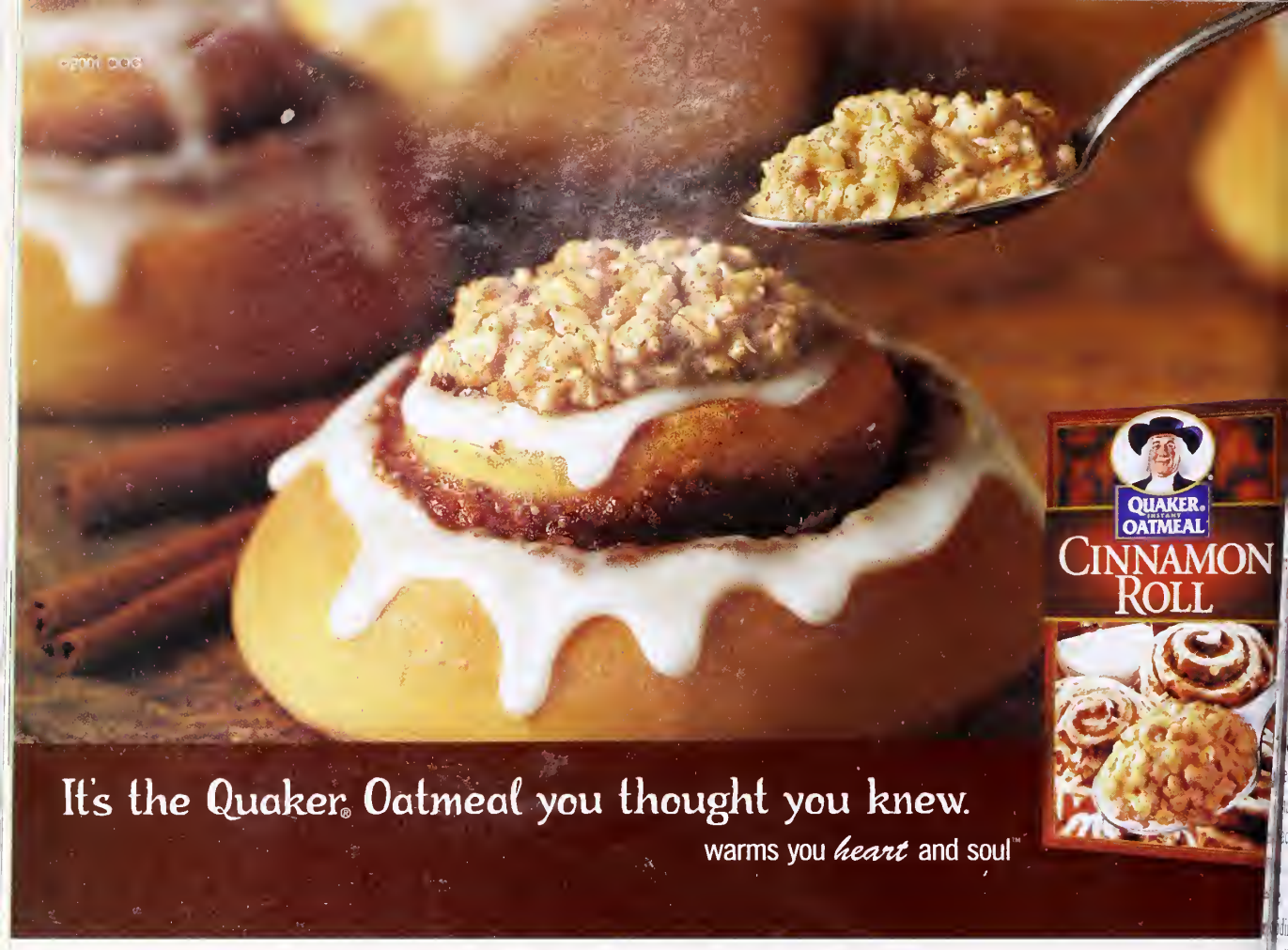
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ANTIBIOTICS: THE NEW THREAT

Continued from page 82

one antibiotic in the fluoroquinolone family—which includes Cipro—jumped by 50 percent. More than a third of streptococcus strains are now resistant to at least one antibiotic, and about 14 percent can shrug off more than one class of drug. Multidrug resistance is especially frightening because the entire antibiotic arsenal (about 150 drugs in all) falls into just 15 families—and re- medication makes it drugs will also be less bacteria that medication tougher



Anthrax pushed the antibiotic Cipro—and the threat of overuse—center stage

infections from common bacteria that no drugs will treat," says Neil Fishman, M.D., director of the antimicrobial management program at the University of Pennsylvania Medical Center, in Philadelphia. "We could find ourselves back in the pre-antibiotic days in as little as five to ten years."

The wrong R_x

past, resistance has been largely limited to places where antibiotics are used most, especially hosp Now resistance is becoming alm serious outside medical cente cause antibiotics are too ofte scribed inappropriately. " amounts are being used for infe like the cold and flu, even t these illnesses are caused by v not bacteria," says Levy. I acute respiratory-tract infectio count for 75 percent of anti prescribed outside of hospita year. About three quarters of and children get antibiotics f throats, even though only 17 of adults and a third of chil actually infected with bacteri when bacteria are the culprit otics can be unnecessary: Th cy for Healthcare Resea Quality recently found that cent of middle-ear infection clear up on their own within

Compounding the problem often write prescriptions f

ad-spectrum medicines that wipe out benign bacteria
ng with illness-causing organisms. This makes it even
er for superbugs to develop resistance because they re-
duce more readily when bacteria they normally com-
e with are eliminated.

till another issue is the vast amount of antibiotics giv-
o farm animals like cows and chickens, which account
40 percent of all prescriptions written in the U.S. Most
hese drugs are meant to promote the animals' growth
utting back microorganisms that siphon calories from
, but they are creating resistant strains of bacteria in
t. Heat kills bacteria, but handling or eating under-
ed meat can pass these bugs to people. In a study at
Jniversity of Maryland, 41 of 200 packages of ground
ken, turkey, pork and beef bought in supermarkets
nd Washington, D.C., were contaminated with
onella, most of it antibiotic-resistant. Another study,
e University of California at Berkeley, found that a
s of urinary tract infections around the country were
ably picked up from meat infected with a resistant
of E. coli.

at we can do

loping more medicines will not solve the bacterial-
ance problem. The only way to minimize the threat
cterial resistance is to use antibiotics less, say ex-
There's reason to hope this can make a big differ-
A University of Colorado study found that
ding educational materials to patients at four clinics
tibiotic prescriptions for acute bronchitis from 74 to
rcent. A similar campaign in Finland reduced the
er of bacteria resistant to one antibiotic by almost
Still, most of the public lacks basic knowledge cru-
understanding the issue: Only 21 percent knew
ntibiotics fought bacteria but not viruses, according
study.

hout understanding, patients pressure doctors for
—and doctors often cave in. Levy reports that at one
l seminar he led, eight in 10 doctors admitted hav-
itten antibiotic prescriptions for patients against
etter judgment. "Doctors are afraid a patient will go
here else if she expects an antibiotic and can't get
s Neil Fishman.

ss both doctors and patients take steps to change
(see "Stop Those Superbugs" on page 82),
nes we've taken for granted will no longer be able
ect us against common diseases. "The sense in the
is that we've won the war against bacteria," says
Donskey, M.D., head of the infection control de-
nt at Cleveland Veterans Affairs Medical Center,
). "But the war is ongoing, and we don't want to
edge." ■

Laliberte writes frequently about health for such
ions as Self and Men's Health.

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Pants too tight?

No diet, no-exercise solutions to beat the bloat

By Robin Ireland

You know the symptoms: distended stomach, swollen ankles and fingers, your loosest pair of jeans tight as a vise. An estimated 50 percent of women of childbearing age experience bloating on occasion. But while anyone with a mirror can diagnose the problem, getting to the cause can be trickier. Once you do, though, you may be able to limit the effects of bloating—or eliminate the problem for good.

Food culprits

problem "Some foods are simply more apt to cause bloating than others," says William J. Snape, Jr., M.D., a medical professor at the University of California at Irvine. One example is insoluble fiber, found in oat bran, peas and fruit, which can give you a bloated feeling because it passes almost whole through the intestines. Fatty foods, like chocolate and fries, can also make you feel like you've swallowed a water balloon because they don't pass easily through the intestines, either.

Another reason for bloating, says Snape, is that, "Not everybody has every enzyme needed to digest every food." As we age, our bodies may begin to secrete fewer of the digestive enzymes needed to break down certain foods, particularly sugars such as lactose, raffinose and fructose. Ironically, some of the healthiest foods can leave us the most bloated: milk is loaded with lactose; beans, cabbage, broccoli and whole grains are heavy on raffinose; and pears, artichokes and onions contain fructose.

When food is not completely digested by the enzymes in the stomach and small intestine, the task is left to bacteria in the large intestine. The trouble is, these bacteria also produce gases like hydrogen, carbon dioxide and methane. The gases sit in the lower intestine, making us feel bloated.

Rx Antacids that contain the drug simethicone, like Phazyme, or activated charcoal, like Charcocaps, do a fairly good job of breaking down intestinal gas bubbles. There are also a variety of over-the-counter dietary supplements such as Beano and Lactaid, which help the digestion of carbohydrates and sugars. If bloating is a persistent problem fo you, keep a food diar to help you pinpoint the culprit, says Perr Hookman, M.D., a gastroenterologist, i Boca Raton, Florida Eliminate one food a time and see wha happens.



(continued on pa



HEMO WAS STEALING THE ENERGY NEEDED FOR MY GRANDSON.

TIL I TALKED TO MY DOCTOR ABOUT GETTING IT BACK.

notherapy making you weak? You may be anemic without knowing it. Anemia is a common ect of chemotherapy; in fact, it affects 7 out of 10 chemotherapy patients. It means your body have enough red blood cells. This can result in symptoms like extreme tiredness, dizziness, tness of breath. However, there is an effective medicine. It's called PROCRIT® (Epoetin alfa).

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Drug interactions

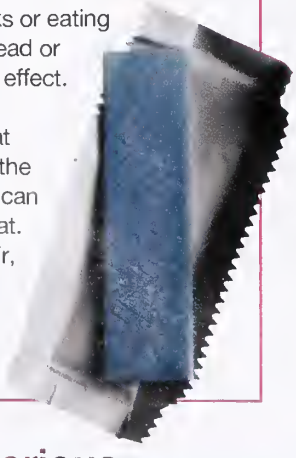
problem Occasionally, the medicine we take may result in water retention or gas. Pain killers like Percocet and antidepressants like Elavil can slow the movement of food through the digestive system, causing constipation and bloating. Antibiotics may also cause bloating because they reduce the normal levels of bacteria in the bowel, as can excessive use of laxatives or drugs to treat constipation.



Rx In most cases, the discomfort will go away once you stop taking the medicine, says Robert Fisher, M.D., of Temple University School of Medicine, in Philadelphia. Be sure to check with your doctor before discontinuing any medication.

Swallowing air

problem Smoking, chewing gum or eating too fast causes us to swallow air, which can result in gas, according to Cynthia M. Yoshida, M.D., an associate professor at the University of Virginia Health System and the director of the Women's GI Clinic, in Charlottesville. Carbonated drinks or eating food with air pockets such as bread or cheese puffs can have the same effect.



Rx Take small bites of food, eat slowly and chew completely, so the digestive enzymes in your saliva can begin to break down what you eat. To avoid swallowing too much air, don't eat and talk at the same time. If all else fails, try an antacid containing simethicone like Maalox Anti-Gas.

Raging hormones

problem Bloating can occur when the body produces high levels of estrogen and progesterone such as during pregnancy and menstruation, or if you're using birth control pills or taking hormone-replacement therapy. That's because progesterone relaxes the smooth muscle tissue in the gastrointestinal tract and slows digestion. Estrogen causes water retention, leaving ankles, face and fingers swollen. The ebb and flow of estrogen and progesterone can also play a part in the constipation you may get the week before your period, which can also make you feel bloated.

Rx Ask your doctor about Yasmin, a new birth control pill, which contains a form of progesterone called Drospirenone, which has a mild diuretic effect. Avoid salty foods before you get your period and drink enough water, which will flush out your system. The only other solution, say doctors, is time. "Some bloating is completely normal [the week before menstruation]," says Kathleen O'Banion, M.D., an obstetrician/gynecologist with Cooper Hospital of the University of Medicine and Dentistry of New Jersey, in Camden. "Just be patient, and it will go away on its own."

Air travel

problem Air pressure levels on the ground "hold in" the gas inside our bodies; in a plane, when the air pressure levels are lower, that gas expands, causing bloating, says William Snape.

Rx While in the air, avoid the salt- and preservative-packed airline food, walk around the cabin every hour or so to keep fluid from pooling in your feet and legs, and drink plenty of non-carbonated beverages. Bloating should subside within a few hours of landing.

When bloating is serious

In some instances, bloating can be [illegible] serious health [illegible] Crohn's disease, [illegible] irritable bowel [illegible] cause [illegible] digestive [illegible] and [illegible] [illegible] include [illegible] cramping [illegible] can be a sy[illegible] or liver cancer. [illegible] digestive tract more quickly, and your stool, unexplained weight loss, bloating that lasts longer than a few months or bloating that is accompanied by pain, see your doctor immediately.

Limiting dairy products and fatty foods can ease symptoms in those with mild cases of IBS as can eating a diet high in protein. Prescription medications like Reglan and Propulsid, which move gas through the digestive tract more quickly, and Azulfidine, Colazal or corticosteriods, which reduce inflammation in the digestive tract, also can help. In cases of cancer, early detection is the best cure. If you don't have a family history of colon cancer, have a colonoscopy every three to five years starting at age 40. If colon cancer does run in the family, begin having colonoscopies 10 years before the youngest relative was diagnosed.



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Neat!

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rials, the most common side effects associated with Diflucan were headache (13%), nausea (7%), and abdominal pain (6%). an, there is the possibility of an increased risk of side effects compared with creams. To prevent heart-related complications, do flucan if you are taking Propulsid®. In rare instances, serious effects on the liver and serious allergic reactions were reported. Do lucan if you are nursing. If you are pregnant or taking other medications, consult your doctor.

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l yeast infections due to the yeast *Candida*.

nal Prescription Audit as of February 2001.
comparing Diflucan tablet (150 mg) with miconazole intravaginally for 7 days in 342 women.

Please see important product information on adjacent page.

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Diflucan
(fluconazole) 150 mg tablet
for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to *Candida*.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to *Candida*.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet to be taken by mouth. Most patients can expect to see the beginning of symptom relief within [illegible] taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms usually disappear

DIFLUCAN can be taken any time of day or night, with or without food. You should take it as soon as [illegible] in 3 o[illegible]her

patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking--prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

U.S. Pharmaceuticals

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IN THE CIRCUIT COURT
FIRST JUDICIAL CIRCUIT
SALINE COUNTY, ILLINOIS

TERESA CARTER, individually and on behalf of all others similarly situated,

Plaintiffs,

v.

UNILEVER UNITED STATES, INC.; CONOPCO, INC., d/b/a UNILEVER HOME & PERSONAL CARE USA and CHESEBROUGH-POND'S,

Defendants.

Case No. 00-[illegible]

SUMMARY NOTICE OF CLASS ACTION AND PROPOSED SETTLEMENT

TO: ALL PERSONS AND ENTITIES IN THE UNITED STATES WHO PURCHASED VASELINE® BRAND INTENSIVE CARE® ANTI-BACTERIAL LOTION AT A[illegible] TIME, EXCLUDING DEFENDANTS, OFFICERS OF T[illegible] DEFENDANTS, AND PURCHASERS FOR RESALE[illegible]

YOU ARE HEREBY NOTIFIED, pursuant to an Ord[illegible] the First Judicial Circuit for Saline County, Illinois, tha[illegible] Court has certified for settlement purposes a Settlement consisting of All persons and entities who purchased Vas[illegible] Brand Intensive Care® Anti-Bacterial Lotion at any excluding Defendants, officers of the Defendants, purchas[illegible] resale, and all persons and entities that opt-out of the Setti[illegible] Class (the "Settlement Class").

The parties have agreed to settle this action, with the Def[illegible] agreeing to issue 5.6 million coupon ads regarding its Vas[illegible] Intensive Care® Lotion Products. These ads shall prom[illegible] contain cut-out coupons providing a cash credit of 7[illegible] per coupon.

The Court has scheduled a hearing ("the Settlement Hear[illegible] be held on April 15, 2002 at 9:30 a.m. before the Honorab[illegible] D. Stewart, First Judicial Circuit, at the Saline County Cou[illegible] 10 East Poplar, Harrisburg, Illinois 62946 for the pu[illegible] determining, among other things, whether (1) the [illegible] settlement should be approved; (2) the Action should be d[illegible] on the merits and with prejudice and all Released (as defined in the Notice referred to below) against the Persons (as defined in the Notice referred to be extinguished and released; and (3) the Plan of Distributi[illegible] settlement funds should be approved. The Defendants ha[illegible] that any amount awarded as attorneys' fees to Plaintiff[illegible] shall be paid by Defendants in addition to, and shall not r[illegible] amounts paid by Defendants in settlement of the claims

If you are a Member of the Settlement Class, your r[illegible] be affected by the Settlement of this Action. If yo[illegible] obtain a detailed Notice of Pendency and Proposed Set[illegible] Class Action ("Notice") you may obtain copies by VICL Litigation, c/o P.O. Box 558, Wood River, IL 62[illegible] calling (618) 254-1127.

If you are a Member of the Settlement Class and desire the recovery, you need not do anything and will be rep[illegible] Settlement Class Counsel. The Court has appointed th[illegible] firms as Settlement Class Counsel: FREED & WEISS LL[illegible] IL; THE LAKIN LAW FIRM, P.C., Wood River, IL; M[illegible] OFFICE, Marion, IL; and PATCHETT LAW OFFICE, Mari[illegible]

If you wish to exclude yourself, you may opt-out of th[illegible] Class in accordance with the instructions set forth i[illegible] All Settlement Class Members who desire to exclud[illegible] from the Settlement Class must do so by March 18, 2[illegible]

Any objection to the matters described above must delivered so that it is received no later than Marc[illegible] (i) the Clerk of the Court, First Judicial Circuit, S[illegible] Courthouse, 10 East Poplar, Harrisburg, Illinois 6[illegible] Settlement Class Counsel, Paul M. Weiss, FREED & [illegible] 111 West Washington, Suite 1331, Chicago, Illinoi[illegible] (iii) counsel for the Defendants, John M. Touhy, M[illegible] & PLATT, 190 South LaSalle Street, Chicago, Illinc[illegible]

DO NOT CONTACT THE COURT C[illegible]
CLERK'S OFFICE REGARDING THI[illegible]

DATED: SEPTEMBER 5, 200[illegible]

BY ORDER OF THE FIRST JUDICIA[illegible]
SALINE COUNTY, ILLINO[illegible]
HONORABLE BRUCE D. STEV[illegible]

PE AND HEALING

nued from page 75

whole layer of skin on the hand to eome off, just like a . Then we wash the wounds and ehange their dress- We have to keep a elose eye on the patient's body erature—if the monitor reveals it's too low, we have to and put them under a heat lamp. The whole proeess about two hours, and it's not unusual to leave a pa- s room drenehed in sweat. It was hard for some of the ger nurses; you could tell that they were about to break . I had to grab them by the shoulders and say, "You cry in front of them. You've got to keep it together."

The hospital had support groups for the families of the vietims, and it broke my heart to see the family members' despair. They'd sit there, holding pictures ir loved ones. I'd see an image of a beautiful blond blue eyes and realize with a start that same woman ow clinging to life on a ventilator, her eyes swollen nd her hair burnt off. I explained that patients were in iating pain and had lost so much skin they were at risk for life-threatening baeterial infeetions sueh as onia. But I didn't want the families to give up hope, ked a former patient who had suffered deep seeond- ird-degree burns on 60 pereent of his body to eome alk to them. When they saw how wonderfully he'd , their expressions went from sadness to amazement. ined that although many patients from the World Center were in worse shape, they still had a good of pulling through, just like this guy, but a lot de- on their attitude. If they lost the will to live, their might give up. It was important that their families positive attitude to boost their spirits.

a couple of weeks, eight of us nurses worked non- very day we sat and talked for 20 minutes to help us terms with our grief: We lost three EMS guys here ospital, and we also knew some of the firefighters d. I took off a few days in Oetober to visit my randmother and Baby, my Pomeranian. My mom is friend—I talk to her every day. When she told me orking too hard, I said, "If I sit still, I'll break t least now I feel like I'm doing something." Then -the first time since September 11, and it felt good. e still treating three of the World Trade Center six died; the other seven are now home). A eou- unconseious, and the ones who are awake are hat they're alive. But they're in a lot of pain. The y as I was washing the wounds of one man, he wish I had died." I replied, "Do you know how ies you almost did? I can't even begin to compre- r pain, but remember, God gave you this life for He must want you to do something with it." I words helped him, but I know they can't take anguish he's going through. You ean only listen, y the tears and hope for the best. ■







Give me a *Sampler!*™

An American Valentine Tradition
Since 1842

How will you take care of your high cholesterol and heart disease?

I've always loved to dance. So I was thrilled when my oldest grandson wanted to follow in my footsteps. But before our first lesson, I had a heart attack. I needed to lower my cholesterol. Diet and exercise didn't do it—my cholesterol was still too high. So I asked my doctor about adding ZOCOR.

ZOCOR is an effective medicine that along with diet and exercise can significantly lower total cholesterol. A clinical study among people with high cholesterol and heart disease found 42% fewer deaths from heart attack among those taking ZOCOR.[1] One tablet, taken once a day, can help people with high cholesterol and heart disease live a longer, healthier life.

Important considerations: ZOCOR is a prescription medicine and isn't right for everyone, including women who are nursing or pregnant or who may become pregnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. Unexplained muscle pain or weakness could be a sign of a rare but serious side effect and should be reported to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR to check for liver problems. To avoid serious side effects, discuss with your doctor medicine or food you should avoid while on ZOCOR (see details immediately following this ad).

Ask your doctor if ZOCOR is right for you. For more information call 1-800-MERCK or visit www.zocor.com.

[1] Randomized trial of ZOCOR (see details immediately following this ad. Your results may [illegible] in 33 [illegible] (ZOCOR) vs 189/2,223 (placebo).



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ZOCOR®
(SIMVASTATIN)

PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death; to reduce the risk of heart attack, to reduce the risk for undergoing cardiac procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty); and to reduce the risk of stroke or transient ischemic attack (TIA).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), and other fibrates; lipid-lowering doses of niacin (nicotinic acid); Sandimmune (cyclosporine); itraconazole, ketoconazole, and other azole antifungal drugs; the antibiotics erythromycin and clarithromycin; HIV protease inhibitors; the antidepressant nefazodone; and the calcium channel blocker verapamil. Interruption of therapy with ZOCOR should be considered if you are going to take an azole antifungal medication, such as itraconazole, or macrolide antibiotics, such as erythromycin. Avoid drinking large quantities of grapefruit juice (more than one quart daily) while on ZOCOR. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

Because there are risks in combining therapy with ZOCOR with the products listed above, your doctor should carefully weigh the potential benefits and risks. He or she should also carefully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

If you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: [illegible] of patients who took ZOCOR in clinical trials developed elevated levels [illegible] had these increases usually had no symptoms. Elevated liver [illegible] levels when therapy with ZOCOR was stopped.

[illegible] patients with more than one liver enzyme level elevation [illegible] no different between the ZOCOR and placebo groups [illegible] therapy due to elevated liver enzyme levels. [illegible] had their dose raised to 40 mg.

[illegible] check these enzymes before you start [illegible] example, semiannually) for your [illegible] tion in dose. Patients titrated [illegible] months. If [illegible] enzyme levels [illegible] unusually [illegible]

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR® (simvastatin) can interact with cyclosporine (Sandimmune), itraconazole, ketoconazole, gemfibrozil, niacin, erythromycin, clarithromycin, HIV protease inhibitors, nefazodone, and verapamil.

To avoid possible serious side effects, avoid drinking large quantities of grapefruit juice (more than one quart daily) while on ZOCOR. (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR and should continue to be monitored.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like most prescription drugs, ZOCOR was required to be tested on animals before it was marketed for human use. Often these tests were designed to achieve higher drug concentrations than humans achieve at recommended dosing. In some tests, the animals had damage to the nerves in the central nervous system. In studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumors increased. No evidence of mutations of or damage to genetic material has been seen. In one study with ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

Geriatric Use: Higher blood levels of active drug were seen in elderly patients (70-78 years of age) compared with younger patients (18-30 years of age) in one study. In other studies, the cholesterol-lowering effects of ZOCOR were at least as great in elderly patients as in younger patients, and there were no overall differences in safety between elderly and younger patients over the 20-80 mg/d dosage range.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large, long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/cramps, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, loss of balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be based on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: a severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, and low blood pressure and even shock, an allergic reaction with swelling of the face, lips, tongue, and/or throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood cell inflammation, sometimes including rash; bruises; various disorders of blood cells (that could cause anemia, infection, or blood clotting problems) or abnormal blood tests; inflamed or painful joints; fatigue and weakness; sensitivity to sunlight; fever, chills; flushing; difficulty breathing; and several disorders that vary from a rash to a serious burn-like shedding of skin all over the body, including membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase, bilirubin, thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you want more information, ask your doctor or pharmacist to let you read the complete prescribing information and then discuss it with them.

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The other brands listed are trademarks of their respective owners and not of Merck & Co., Inc.

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NEW MOTORIZED MODEL SHOWN ABOVE!

The write stuff

Why keeping a journal can do wonders for your well-being

By Anne Cassidy



Diaries open up your mind and heart

I've kept a journal nearly every day for three decades now. What began as a high-school English assignment has become my life story and now fills dozens of volumes. Onto these pages go my children's funny stories and countless pep talks. My journal is where I make the world make sense. The less sense it makes, the more I write. I'm writing a lot these days.

Something as simple as taking pen to paper can inspire creativity, defuse stress and make you grateful and glad to be alive. In fact, research shows that pouring your heart out on paper can boost immune function and has been linked with improvements in such diseases as asthma and rheumatoid arthritis. "People who write about emotional upheavals in their lives show benefits almost across the board in terms of health problems," says James W. Pennebaker, Ph.D., professor of psychology at University of Texas, in Austin, and author of *Opening Up: The Healing Power of Expressing Emotions* (Guilford Press, 1997).

Here's how to begin keeping a journal of your own:

1. The medium matters. Although any old scrap of paper is fit for recording your thoughts, it's easier to keep everything in one place. Look for a journal that feels good in your hands, opens flat and won't intimidate you with its fanciness. Or try electronic journal-keeping (a variety of versions are available on *www.zdnet.com*).

2. Make it a habit. To start, don't expect yourself to write daily. Aim for several times a week. "Find a place to be by yourself, and don't worry about spelling or anything else," says Pennebaker.

3. Filling the blank page. When your thoughts don't flow, tell the story behind a favorite snapshot or write a letter you'll never send. In her journal-writing workshops, Rita D. Jacobs, author of *The Way In: Journal-Writing for Self Discovery* (Stewart, Tabori & Chang, 2001), has students write about anything that comes to mind for eight minutes. Their first sentence might be "I have no idea what I'm going to write," says Jacobs, but several minutes into it, they don't want to stop.

4. From here to posterity. Surprisingly, journal keeping makes you a better person. The insights gleaned from journals can reveal personality traits, help you cope with crisis or untangle longstanding conflicts with a relative or friend. Finally, journals can become our personal emissaries to the future. Wherever yours end up, you have given the world something no one else can: your own life, well-observed. ■

Anne Cassidy is a freelance writer who lives in Herndon, Virginia.

DEAR DIARIES

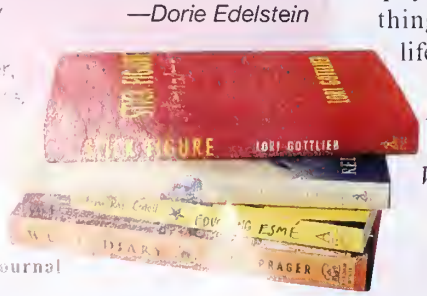
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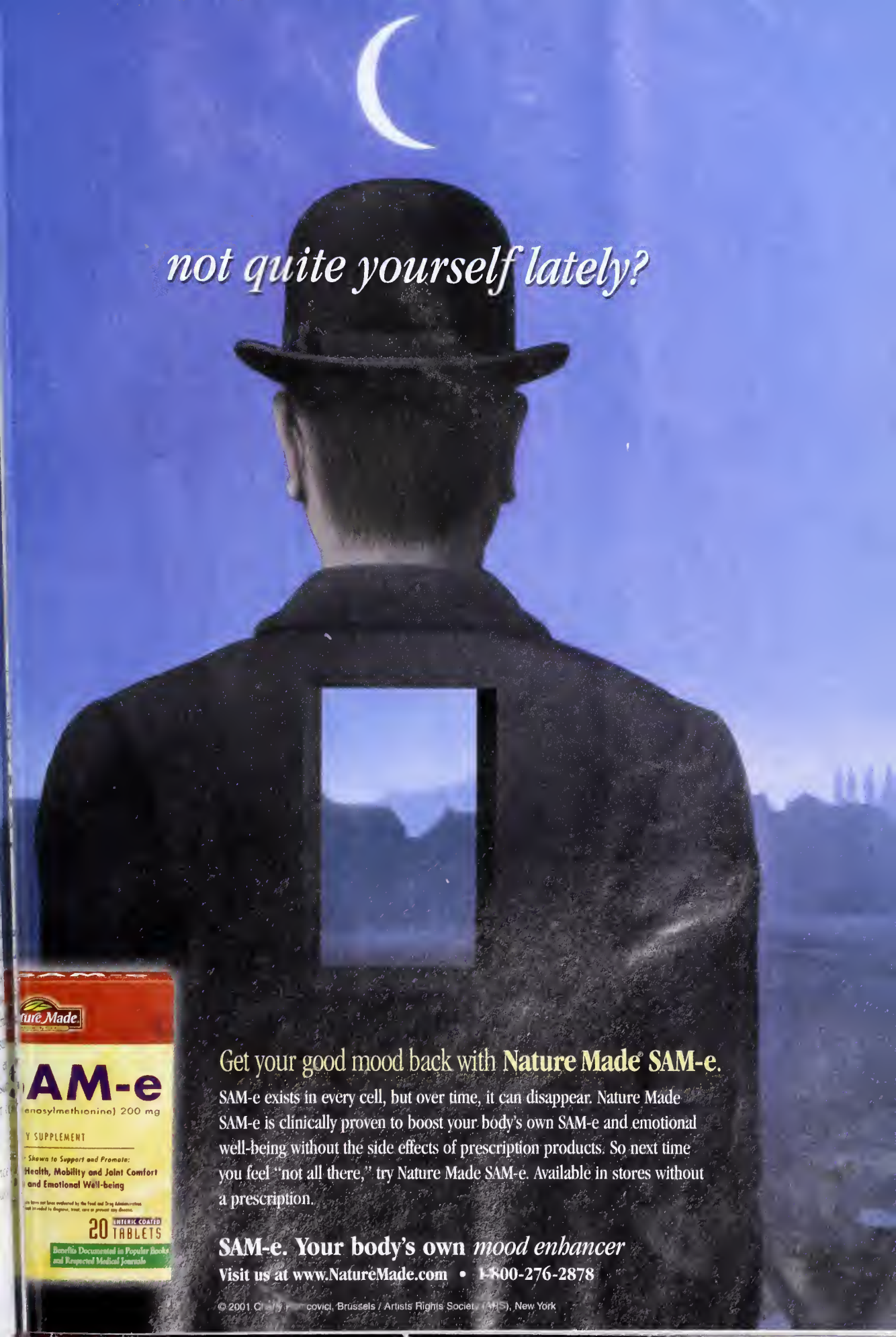
Stick Figure, *by Lori Gottlieb* (Simon & Schuster, 2000), is a journal of anorexia.

No More Words, *by* [illegible] and [illegible]ster, [illegible] on her [illegible], [illegible] for this [illegible] Diary.

Emily Prager (Random House, 2001), on the author's adopted Chinese child.

—Dorie Edelstein




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Enjoy the blessings of the season in Precious Moments



"Holy Night Chapel," 7.5" high, includes a FREE collectible figurine of *Precious Moments* carolers!

Christmas Eve, and a sense of wonder and hope [illegible] in the *Precious Moments Christmas Village*. The [illegible] filled with goodies, the post office is overflo[illegible] Decorated for the annual Christm[illegible] looks festive. And the chapel, [illegible] shining, stands ready for worsh[illegible] greatest gift of all.

Cherish [illegible] all year

Artist [illegible] Precious Moments messengers of lo[illegible], remind us of the love that [illegible] holiday. Each sculpture is created by [illegible] finest detail. The illuminated build[illegible] figurines, and the many seasonal adorn[illegible] and sparkling snow—[illegible] the magic for this important collection.

an heirloom-quality work of art to make part o[illegible] holiday tradition.

Begin with "Holy Night Chapel" and free carolers figurine!

Soon, Charter Subscribers can look forward to [illegible] lighted sculptures sent about every other month[illegible] second issue, the "Merry Memories School," com[illegible] the figurine of the "Away in a Manger" N[illegible] children—FREE!

Your timing is important!

This is a limited-time offer and strong demand is e[illegible] from countless **Precious Moments** collectors, so pl[illegible] promptly. You need send no money now, just r[illegible] coupon to Hawthorne Village, the only source in th[illegible] for this important collection.

collectiblestoday.com

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LONG WITH ALL THE GREAT MEMORIES HAS COME SOMETHING I THOUGHT
D NEVER EXPERIENCE—THE PAIN OF OSTEOARTHRITIS."

—DOROTHY HAMILL



YOUR RESULTS MAY VARY.

VIOXX IS HERE. 24-HOUR RELIEF OF THE MOST COMMON TYPE OF ARTHRITIS PAIN, OSTEOARTHRITIS.

It isn't about going for a medal. Or feeling like a kid again. It's about controlling the pain that can keep you from doing everyday things. And VIOXX may help. VIOXX is a prescription medicine for osteoarthritis, the most common type of arthritis.

ONE PILL—ALL DAY AND ALL NIGHT RELIEF.

You take VIOXX only once a day. Just one little pill can relieve your pain all day and all night for a full 24 hours.

VIOXX EFFECTIVELY REDUCED PAIN AND STIFFNESS.

In clinical studies, once-daily VIOXX effectively reduced pain and stiffness. So VIOXX can help make it easier for you to do the things you want to do. Like going for a morning glide on the ice.

TAKE WITH OR WITHOUT FOOD.

VIOXX doesn't need to be taken with food. So, you don't have to worry about scheduling VIOXX around meals.

IMPORTANT INFORMATION ABOUT VIOXX.

People with allergic reactions, such as asthma, to aspirin or other arthritis medicines should not take VIOXX. In rare cases, serious stomach problems, such as bleeding, can occur without warning.

Tell your doctor if you have liver or kidney problems, or are pregnant. Also, VIOXX should not be used by women in late pregnancy.

VIOXX has been extensively studied in large clinical trials. Commonly reported side effects included upper respiratory infection, diarrhea, nausea and high blood pressure. Report any unusual symptoms to your doctor.

ASK YOUR DOCTOR OR HEALTHCARE PROFESSIONAL ABOUT VIOXX.

Call 1-800-MERCK-30 for more information, or visit **vioxx.com**. Please see important additional information on the next page.

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VIOXX®

(rofecoxib)

FOR EVERYDAY VICTORIES.

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Patient Information about
VIOXX® (rofecoxib tablets and oral suspension)
VIOXX® (pronounced "VI-ox")
for Osteoarthritis and Pain
Generic name: rofecoxib ("ro-fa-COX-ib")

You should read this information before you start taking VIOXX®. Also, read the leaflet each time you refill your prescription, in case any information has changed. This leaflet provides only a summary of certain information about VIOXX. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals that contains more complete information. This leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss VIOXX when you start taking your medicine and at regular checkups.

What is VIOXX?

VIOXX is a nonsteroidal anti-inflammatory drug (NSAID) that is used to reduce pain and inflammation (swelling and soreness). VIOXX is available as a tablet or a liquid that you take by mouth.

VIOXX is a medicine for:
- relief of osteoarthritis (the arthritis caused by age-related "wear and tear" on bones and joints)
- management of acute pain in adults (like the short-term pain you can get after a dental or surgical operation)
- treatment of menstrual pain (pain during women's monthly periods).

Who should not take VIOXX?

Do not take VIOXX if you:
- have had an allergic reaction such as asthma attacks, hives, or swelling of the throat and face to aspirin or other NSAIDs (for example, ibuprofen and naproxen).
- have had an allergic reaction to rofecoxib, which is the active ingredient of VIOXX, or to any of its inactive ingredients. (See Inactive Ingredients at the end of this leaflet.)

What should I tell my doctor before and during treatment with VIOXX?

Tell your doctor if you are:
- pregnant or plan to become pregnant. VIOXX should not be used in late pregnancy because it may harm the fetus.
- breast-feeding or plan to breast-feed. It is not known whether VIOXX is passed through to human breast milk and what its effects could be on a nursing child.

Tell your doctor if you have:
- kidney disease
- liver disease
- heart failure
- high blood pressure
- had an allergic reaction to aspirin or other NSAIDs
- had a serious stomach problem in the past.

Tell your doctor about:
- any other medical problems or allergies you have now or have had.
- all medicines that you are taking or plan to take, even those you can get without a prescription.

Tell your doctor if you develop:
- ulcer or bleeding symptoms (for instance, stomach burning or black stools, which are signs of possible stomach bleeding).
- unexplained weight gain or swelling of the feet and/or legs.
- [illegible] or allergic reactions. If you have a severe allergic reaction, get [illegible] right away.

How [illegible] VIOXX?

VIOXX [illegible] your doctor will decide what dose of VIOXX you should [illegible]. You may take VIOXX with or without food.

Can I take VIOXX [illegible]

Tell your [illegible] you are taking to take while you are [illegible] a prescription. Your doctor may [illegible] properly together if you are [illegible]
- [illegible] (lithium)
- warfarin [illegible]
- [illegible]
- ACE [illegible] heart failure)
- [illegible]

What are the possible side effects of VIOXX?

Serious but rare side effects that have been reported in patients taking VIO and/or related medicines have included:

- Serious stomach problems, such as stomach and intestinal bleeding, can oc with or without warning symptoms. These problems, if severe, could lea hospitalization or death. Although this happens rarely, you should watch signs that you may have this serious side effect and tell your doctor right aw
- Serious allergic reactions including swelling of the face, lips, tongue, an throat which may cause difficulty breathing or swallowing and wheez occur rarely but may require treatment right away. Severe skin reactions h also been reported.
- Serious kidney problems occur rarely, including acute kidney failure worsening of chronic kidney failure.
- Severe liver problems, including hepatitis, jaundice and liver failure, o rarely in patients taking NSAIDs, including VIOXX. Tell your doctor if develop symptoms of liver problems. These include nausea, tiredn itching, tenderness in the right upper abdomen, and flu-like symptoms

In addition, the following side effects have been reported: anxiety, confusion, depres hair loss, hallucinations, increased levels of potassium in the blood, low blood counts, palpitations, pancreatitis, tingling sensation, unusual headache with stiff (aseptic meningitis), vertigo.

More common, but less serious side effects reported with VIOXX included the following:

Upper and/or lower respiratory infection and/or inflammation
Headache
Dizziness
Diarrhea
Nausea and/or vomiting
Heartburn, stomach pain and upset
Swelling of the legs and/or feet
High blood pressure
Back pain
Tiredness
Urinary tract infection.

These side effects were reported in at least 2% of osteoarthritis p receiving daily doses of VIOXX 12.5 mg to 25 mg in clinical studies.

The side effects described above do not include all of the side effects report VIOXX. Do not rely on this leaflet alone for information about side effect doctor or pharmacist can discuss with you a more complete list of side effe time you have a medical problem you think may be related to VIOXX, talk doctor.

What else can I do to help manage my osteoarthritis pain?

Talk to your doctor about:
- Exercise
- Controlling your weight
- Hot and cold treatments
- Using support devices.

What else should I know about VIOXX?

This leaflet provides a summary of certain information about VIOXX. If y any questions or concerns about VIOXX, osteoarthritis or pain, talk to yo professional. Your pharmacist can give you an additional leaflet that is w health professionals.

Do not share VIOXX with anyone else; it was prescribed only for you. It s taken only for the condition for which it was prescribed.

Keep VIOXX and all medicines out of the reach of children.

Inactive Ingredients:

Oral suspension: citric acid (monohydrate), sodium citrate (dihydrate solution, strawberry flavor, xanthan gum, sodium methylparaben propylparaben.

Tablets: croscarmellose sodium, hydroxypropyl cellulose, lactose, m stearate, microcrystalline cellulose, and yellow ferric oxide.

Issued July 2001

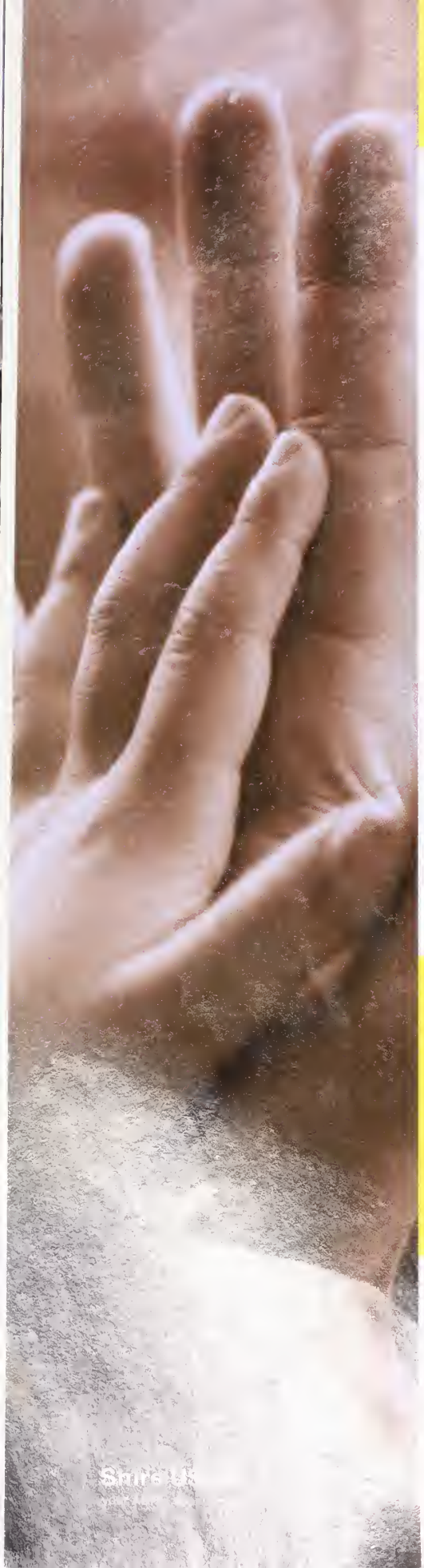
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"Mom, you're embarrassing me!"

Once a kid hits a certain age, anything you do or say is humiliating. Are you just way too uncool—or what? By Marla Paul

Waiting in a line of cars for my daughter to emerge from the seventh-grade dance, I heard the swell of a slow song drift through the open school doors into the starry fall night. The dance wasn't over yet, but we parents knew our place—in our cars and out of sight.

But I couldn't resist. I slunk into the back of the gym, straining for a glimpse of my daughter. When the dance ended, I tried to hightail it back to the car. But before I could, my daughter, Elizabeth, stomped toward me, eyes glowering.

"How *could* you?!?" she sputtered. "My friends saw you! Annie said, 'Elizabeth, your *mommy* is here.' I was mortified!"

Having been 13 myself once, I understood my daughter's chagrin. I can remember how, as an adolescent, I'd flatten myself on the front seat of my mother's car rather than risk being seen having her drop me off someplace. Yes, I should have used better judgment at the dance. But in Elizabeth's opinion, this was just the latest installment in a long-running series of my embarrassing infractions. Anything I say, wear or do usually qualifies.

Many parents become pariahs at some point. The preteen years, though, are generally when a kid's unalloyed adoration for her parents crumbles faster than a bag of chips. It's hard not to take it personally.

But experts say we shouldn't. "A lot of parents begin to think, My children are ashamed of me, but it's not that," says Harriet Mosatche, Ph.D., a developmental psychologist and co-author of *Too Old for This, Too Young for That! Your Survival Guide for the Middle-School Years* (Free Spirit, 2000). "It's just that teens and preteens are excruciatingly self-conscious and see their parents as a reflection on them. They think, If my parents don't look cool, other kids will think I'm not cool." This stage usually wanes by the end of the teen years, says Mosatche, when kids have a stronger sense of their own identity.

In the meantime, Gayle Golden's 13-year-old son, Shawn, "hates the way I laugh," says an amused Golden, 44, a college writer and lecturer in Shoreview, Minnesota, who admits to joyously unrestrained guffaws. When she bursts into laughter in a store, an anguished Shawn fiercely whispers, "Mom, jeez! Don't laugh so loud!"

And Christine Shiber's seemingly innocuous *(continued on page 114)*



The cringe factor: Sometimes anything you do can get you labeled as a mother of mortification

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EMBARRASSING MOM

Continued from page 111

raincoat is mortifying to her son, Aaron. "He finds it horrible that I would wear that jacket out in public. He once said, 'If you want to walk with me, you have to wear something else.' I kept wearing it," says the unrepentant Shiber, 49, a minister in Oakland, California.

While they try to hang on to their sense of humor, it stings for baby boomers to have the fantasy of their eternal hipness crushed by their kids. "We still like rock 'n' roll. We wear jeans. When our children look at us and say, 'You embarrass me,' it's more painful than it ever was to our parents," observes Margaret Sagarese, co-author of *The Roller Coaster Years: Raising Your Child Through the Maddening Yet Magical Middle School Years* (Broadway Books, 1997). "Even though you have a teenager who might listen to Jim Morrison with you, he is still going to say, 'When my friends come over, Mom, we don't want you here.'"

So we're playing a really tough room. But must we be slaves to our children's hyper-self-consciousness? Within limits, say experts. Try to remember what it was like to be a preteen or teen with your parents in public, suggests Mosatche. Let empathy be your guide. "As parents, we don't want to add to their sense of being tortured," she says.

Sagarese says to listen to your kid's rules, then decide which ones are and aren't reasonable. For example, she says, "If your child is having a party and says, 'I don't wa you in the house,' that's not a reasonable rule. You don't have to in the room with them the whole time, but you have to be aware of what's going on."

Make your home a place that welcomes young people, but don try to become one of the group," says Ann F. Caron, Ed.D., a developmental psychologist and the author of *Don't Stop Loving Me: A Reassuring Guide for Mothers of Adolescent Daughter* (Henry Holt, 1991). Kids think

---

Weekend at Mystic Places from page 66

Win a romantic weekend for two at Connecticut's Mystic Places. Here's how to enter:

NO PURCHASE NECESSARY TO ENTER OR WIN. A PURCHASE WILL NOT INCREASE YOUR CHANCES OF WINNING. Official Rules:

1. To enter, mail a postcard (no envelope) with "Weekend at Mystic Places" printed at the top with your name, address and daytime telephone number to: *Ladies' Home Journal*®, **Attn: Fashion Department**, 125 Park Ave., 20th Floor, New York, NY 10017. **2.** Only one entry per person allowed. **3.** Entries must be received no later than February 28, 2002. The winner will be selected by a random drawing on or about March 9, 2002, and notified by mail on or about March 15, 2002. All decisions of judges are final. **4.** All entries become property of Meredith Corporation. Sponsor is not responsible for illegible, lost, late, misdirected, incomplete, stolen, damaged or postage-due entries. **5.** Prize is two nights accommodations for two (one room) at Randall's Ordinary Inn & Restaurant, including daily breakfast; roundtrip coach airfare for two from major gateway nearest winner's residence; two entry passes to each of the following attractions: Mystic Aquarium and Institute for Exploration, Mashantucket Pequot Museum and Research Center; complimentary admission for two to the Mystic Seaport followed by dinner for two at the adjacent Seaman's Inne restaurant, excluding beverages and gratuity; two 50-minute spa treatments (one per person) at the Mystic Marriott's Elizabeth Arden Red Door Spa followed by dinner for two at the hotel's Octagon steakhouse, excluding beverages and gratuity; $500 spending money. All other expenses are responsibility of the winner. Prize must be redeemed by February 2003; based on availability, some blackout periods and restrictions may apply. Total ARV of prize is $ 2,700. **6.** Prize is nontransferable, and no substitution or exchange for cash in lieu of prize, except at sponsor's discretion, will be made. **7.** Open to legal residents of the U.S. who are 18 years of age or older, except employees of Meredith Corporation, their agents, affiliates, subsidiaries and members of their immediate families or persons residing in the same household. **8.** Odds of winning depend upon the number of eligible entries received. Estimated circulation of this offer is 4.2 million. **9.** By participating in this sweepstakes and winning the prize, winner releases Sponsor, its parents, affiliates, subsidi agencies and their respective directors, officers, empl and agents from any and all liability in connection wit acceptance or use of the prize offered in this sweeps **10.** Entry constitutes permission to use the winner's name, hometown, voice, likeness, photo and any ments regarding this sweepstakes for editorial, publi tions, promotional and advertising purposes on beh Meredith Corporation without compensation, unless p ited by law. **11.** Winner will be required to complete a davit of eligibility and winner and travel companion required to complete a release of liability within te days of notification or an alternate winner will be by random drawing. **12.** Subject to all U.S. federa and local laws and regulations. Void where proh This sweepstakes is sponsored and promoted by M Corporation, publisher of *Ladies' Home Journa* Moines, Iowa, and sponsored by Mystic Coast & C Travel & Leisure Council, Inc. **13.** For winner's na dress, after April 1, 2002, send a self-addressed s envelope to "Romantic Weekend for Two" Winner, *Home Journal*, 125 Park Ave., New York, NY 1001

Lighten Up contest from Page 60

Win a blond hair makeover at a New York City salon from Garnier. Here's how to enter:

NO PURCHASE NECESSARY TO ENTER OR WIN. A PURCHASE WILL NOT INCREASE YOUR CHANCES OF WINNING. Official rules:

1. To enter, compose an essay of 50 to 75 words on why you want your hair color to be blond. Mail your essay with your name, address, age, e-mail address-optional (please indicate if you would like more information on Garnier), daytime phone number and a photograph showing your current haircolor. Also indicate if you have gray whether your hair has ever been color-treated or treated and how recently. If you do color your the name and color of the product. Make Me a Blonde Contest, 411 New York, NY 10003. Entries published or entered in any other awards.

than March 15, 2002.

for illegible. lost, damaged or postage-due entries. 4. All entries become the property of Garnier and will not be returned or acknowledged. One entry per person. Open to legal U.S. residents, 18 years or older, except employees of Meredith Corporation, Garnier and their immediate families or household members. 5. On or about April 15, 2002, Garnier will select 10 semi-finalists. Entries will be judged on originality of essay. On or about April 29, 2002, editors from *Ladies' Home Journal*® magazine will select one winner. Judges decisions are final. 6. The winner will win a trip for two to New York City for two days and one night. Prize includes 1 room hotel accommodations, roundtrip coach airfare from major airport nearest winner's home, transfers to and from airport to hotel, $200 spending money, two theater tickets to a Broadway show selected by Garnier and a hair makeover for winner only. Makeover consists of haircolor, haircut and makeup application at a New York City salon chosen by Garnier. Winner is responsible for all other expenses not listed. Blackout dates and travel restrictions may apply. No substitution, transfer or cash in lieu of prize. Prize must be redeemed by April 30, 2003. Approximate retail value: $1,500. 7. The winner must be willing to be photographed for issue of *Ladies' Home Journal*. 8. Winner wil quired to execute Affidavit of Eligibility, Owners Publicity/Liability Release plus Copyright Assi except where prohibited, within 14 days of not or an alternate winner will be chosen from sele semi-finalists. Travel companion must execute a ty Release prior to ticketing.

9. Entry constitutes permission to use winn try, name, hometown and likeness for edito public relations purposes and advertising p on behalf of sponsors without compensatio prohibited by law.

10. Void where prohibited. Subject to U.S. fed and local laws. Taxes on prize are sole respons winner.

11. This contest sponsored by Garnier, 575 Fifth New York, NY, and promoted by Meredith Co 1716 Locust Street, Des Moines, Iowa.

12. For winner's name/address, available after 2002, send a SASE to Garnier Make Me A Blo test, 411 Lafayette St., 4th Floor, New York, N

Aerosoles "Weekender Bag" from page 68

Here's how to enter:

ENTER OR

CASE

of the judges are final. Entrants agree to be bound by the Official Rules. The prize is an Aerosoles "Weekender Bag" worth $65 retail. 4. All entries become property of Meredith Corporation. 5. Open to legal residents of the U.S. who are 18 years of age or older, except employees of Meredith Corporation, Aerosoles, their agents, affiliates, subsidiaries and members of their immediate families or persons residing in the same household are not eligible. 6. Void in Puerto Rico and Canada 7. Odds of winning depend upon the number of eligible entries received. Estimated circulation of this offer: 4.2 million 8. By participating and winning a prize, winners release sponsors, their parents, affiliates, subsidiaries, agencies and their respective directors, officers, employees and agents from any and all liability in connection with and acceptance or use of the prize offered in this sweepstakes.

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s look ridiculous when they act like teenagers, ey're right.

what if your child is embarrassed for more serious s—say, because you drive an inexpensive car when ends are being chauffeured in luxury SUVs? Try to tand his perspective, says Mosatche. "You can't tell hat his values should be. You can tell him what alues are and then acknowledge his feelings."

dy Kuo, 41, makes some concessions for her r-old daughter, Sabrina. For example, Kuo, a ield, Illinois, grammar-school computer-network er, will discreetly walk away if she is shopping with ughter and they bump into one of Sabrina's friends. Kuo refuses to temper her wicked sense of humor, n she went "incognito" to her daughter's fifth-grade ucation lecture, carrying a sign declaring, "I am not a's mother or Robby's aunt" (her nephew was there, We need to be able to laugh at things," says Kuo.

n the welfare of her three teenage boys is at stake, Wilmes, 40, a professional organizer in lein, Illinois, is undaunted by her sons' discomfort. ls the parents of kids who are hosting parties to see ult will be home, and what the plans are—despite s' protests. "My job as a parent is to make sure going into a situation where we are comfortable ere we know what's going on," she says.

nwhile, I'm still negotiating this tricky terrain. Last I waited anxiously to pick up my daughter from all camp, her first time away. Amidst a swarm of s, she finally appeared—tan and confident. "Hi," I ing not to sound like a mother who was wildly o see her kid—at least not in front of other . I really wanted to hug her, but hesitated. Would umiliating? I didn't know, but I did anyway. queezed me back and didn't complain once all the ne. ■

n, would you mind?

y with just a few changes we could be less ing parents. Here are their suggestions:

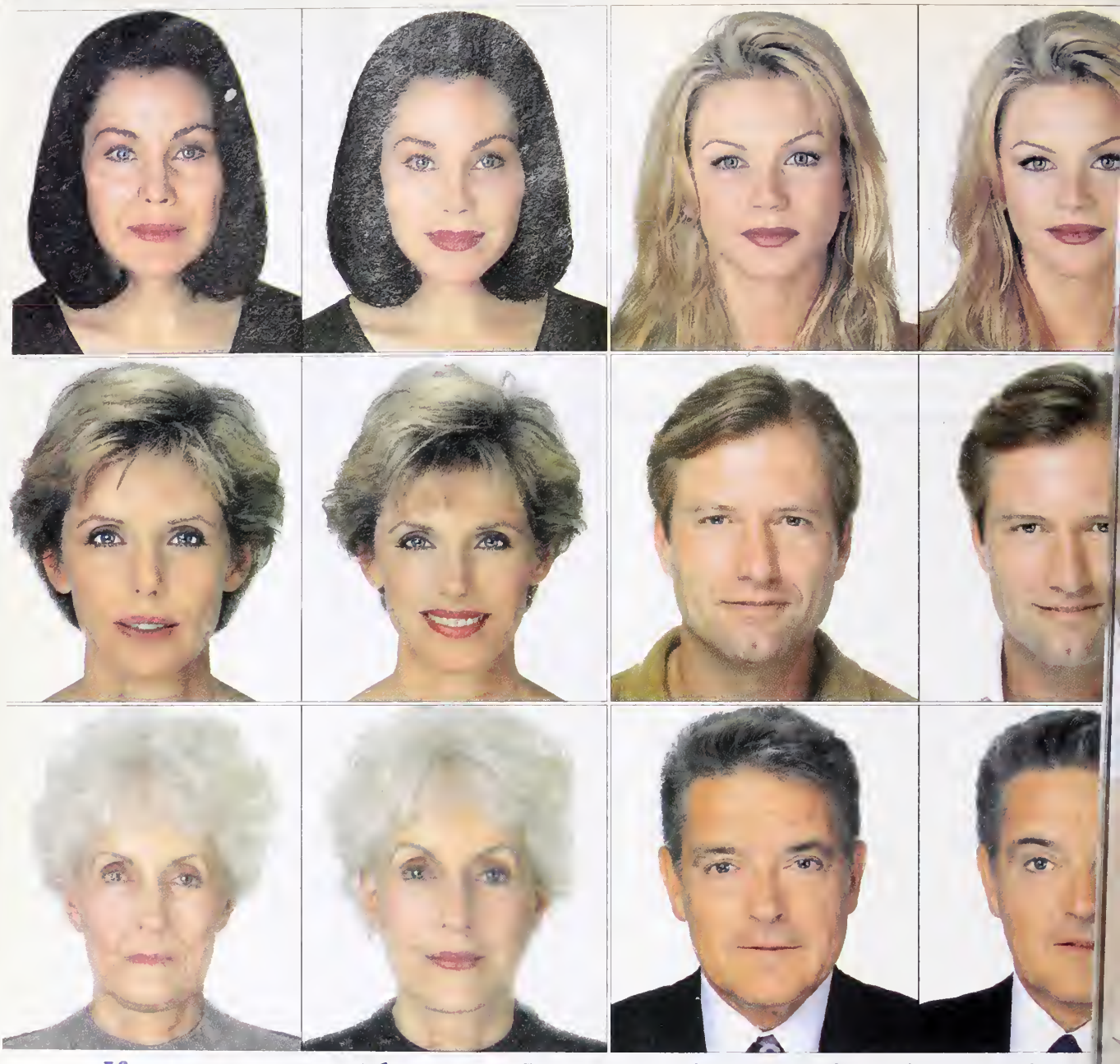
kiss your kids good-bye when you drop them off ol. When kids go to middle school, they start embarrassed about that."
th Lawner, 13, New Rochelle, New York

ely do not dance in public. Parents look really and it's embarrassing that you're related to that ooking human."
Shiber-Knowles, 15, Oakland, California

ness with their hair in public. Kids get mad."
r Lorch, 16, West Hills, California

ing during car pools."
n Grant, 16, Gaithersburg, Maryland





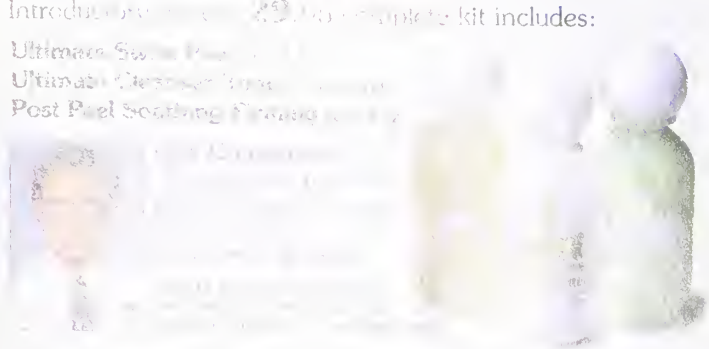
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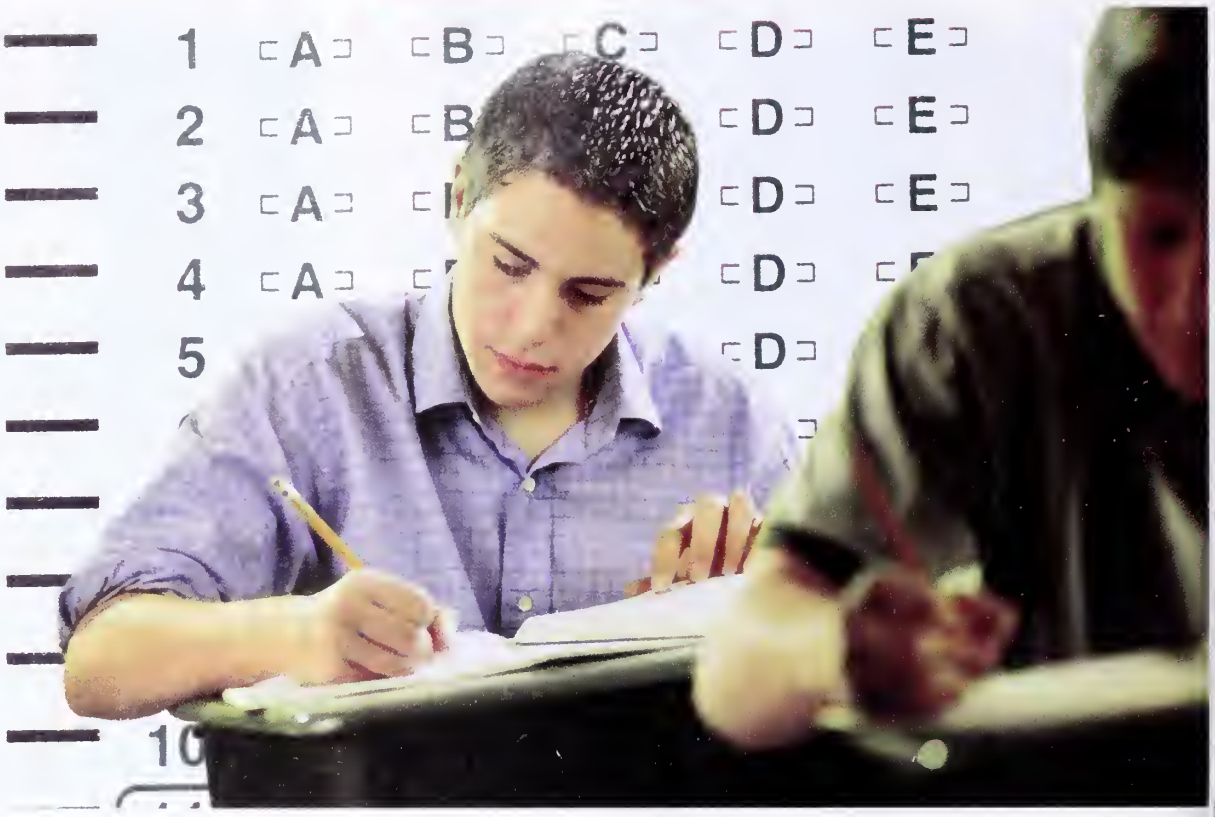
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To test or not to test?

By stressing performance on statewide exams, are schools shortchanging kids? By Laird Harrison

When Matt O'Brien was in second grade, he couldn't wait to go to school every day. His teachers at Wickliffe Alternative Elementary, in Upper Arlington, Ohio, built their lessons around students' [illegible] A child's question about [illegible] pired a [illegible]nt, [illegible]'s lessand-[illegible]. [illegible]. Joseph, has the same teacher, in the same classroom, but to his mother, Mary O'Brien, it seems like he's going to a different school. Wickliffe teachers now rely on work sheets, drills and practice tests to make sure students learn exactly what the state requires for each grade. Joseph spent the year complaining about school. "It's turned learning into drudgery," says his mom.

Meanwhile, in San Antonio, Texas, Stephanie Johnson has also noticed big changes in her son's school. Ten years ago, Fox Technical High School was known as one of the worst in the state. "The children were undisciplined," says Johnson, a 4[illegible] year-old food-service worker, "ar[illegible] the drop-out rate was ridiculous." T[illegible] day, the school's test scores a[illegible] among the state's highest, and i[illegible] drop-out rate has plummete[illegible] Stephanie's son, Samuel, is getti[illegible] straight A's and loving the tou[illegible] classes he takes in the school's inn[illegible] vative pre-law program. "You can f[illegible] the children are proud," says Johnso[illegible]

The calculus of change

Two schools in two states, apparen[illegible] headed in opposite directions. Yet [illegible] changes in both stem from the sa[illegible] root: standards-based *(continu[illegible]*

MOMS SEE 25% LESS SUGAR.



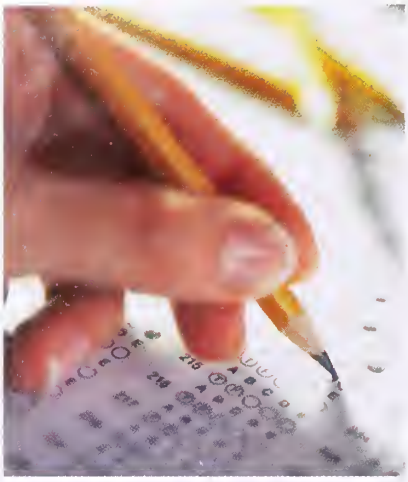
a-Cola Company.

(continued) curriculum. This education reform movement is spreading rapidly throughout the country. At the core is the idea that states should define clearly what kids must learn at each grade level, test to make sure they've learned it and impose consequences for students, teachers and school administrators if they don't. It's so straightforward and seemingly sensible that it has attracted support from both republicans and democrats, from the pro-management Business Roundtable and the pro-labor American Federation of Teachers, who all say the approach forces bad schools to shape up. But as standards-based education spreads, it is also stirring up protests from some ordinary parents, students and teachers who complain that it saps the joy—and a lot of the meaning—out of schoolwork.

The conflict started years ago with blue-ribbon commissions and opinion polls showing that hardly anyone was satisfied with the education of American children. State and national politicians couldn't do much about the problem because most education decisions were left up to local school boards. Standards-based curriculum wrests control from these boards: State education officials define the curriculum requirements. They can now describe what sort of sentences students must read, what equations students must solve and what facts about science and social studies students must learn in each grade.

officials use them to decide whether individual students can progress from one grade to the next, how much money should be allocated to which school and whether teachers and principals can keep their jobs.

Advocates say these reforms bring stricter accountability to the nation's classrooms. "It reveals the productivity of the schools and teachers," says U.S. Secretary of Education Rod Paige. Critics answer that test preparation soaks up time and money and stifles creativity. Filling in bubbles on forms doesn't stimulate children's love of learning, they say, and overarching curriculum requirements and standardized testing are taking the innovation out of education.



It seems straightforward, but statewide testing of students to see what they've learned raises complicated issues about how teachers should teach

Pass or fail?

Many teachers count themselves among testing's opponents. "We've had literally a total takeover of our curriculum, almost minute by minute," says Timothy E. Casteen, 54, who retired in disgust after 31 years of teaching in Chesapeake, Virginia, this year. Casteen used to assign his fourth-graders research projects, then videotape their oral presentations. When the state adopted its new Standards of Learning Program—which details what students must learn day by day—there was no time for oral presentations at all. Instead the time is taken up in weekly multiple-choice tests. "All it does is reduce learning to rote memorization of trivia," says Casteen.

Other teachers argue that it is unfair to hold students from poor districts to the same standards as students from wealthier ones. Nothing a school does, they say, can overcome the advantage of kids whose lives are quiet and comfortable and whose parents have time to read to them and help them with homework. Indeed, studies have shown that test scores correlate closely with parents' income.

But to advocates of standards-based curriculum, that's the very point of testing—to identify those students and schools that need the most attention. "The problem we've got right now is that students are allowed to go forward without learning what has been assigned to them," says Education Secretary Paige. "Every student, notwithstanding the disadvantages they bring to school, should meet the same standards. To have a lower standard [for some] is bigotry."

And indeed, some schools are getting extra help as a result of standards-based reforms. Charles Skidmore, principal at Massachusetts' Brighton High School, says students there are learning more since the state introduced the Massachusetts Comprehensive Assessment System (MCAS) three years ago. Brighton students, most of them from urban and minority backgrounds, have not scored well on the MCAS, and, as a result, the state has given the school more money for math and literacy specialists and for tutors. "Until we had the *(continue*

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*25% less sugar than average of leading kids' juice drinks.

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big ...

TEST OR NOT TO TEST?
inued

AS, there was an attitude that it fine that the urban schools did not ery well, that there was nothing can do about it," says Skidmore. w there is an expectation that most e students can and will achieve."

higher expectations mean more sure, then maybe pressure is what need, says Education Secretary e. "What we want to do is change culture to a performance culture." as—Paige's home state as well as of President Bush—has provided ence for both sides in the argu- t over standardization. Since , the Lone Star state has made it ectly clear what students must to pass the Texas Assessment of emic Skills (TAAS), which they every year in grades three gh eight and once in high school. me districts, those who fail are ed and retested. Educators with essful students may get extra to spend in the classrooms. Edu- whose students fail can them- be reassigned. And it's worked.

so it seemed at first. University uston sociologist Gary Dworkin, pent years studying the effects AS, says test scores have im- l over the past decade, especial- poor, black and Hispanic kids. S does goad schools not to ig- ese kids," he says. But travel- ne state, Dworkin and his gues found problems with as well. The state is holding any students, and, in the upper , that is one factor that leads o drop out of school altogether, s. Also, some schools spend a ime "teaching to the test" with umbing quizzes and drills; ave even jettisoned music, art ence classes so they can con- on test prep.

nal grade

there's Fox Tech. For years, dents' scores on standardized d been among the lowest of gh schools. After TAAS started and the school's scores didn't rise in four years, the district reassigned the principal and told the rest of the staff they would have to reapply for their jobs. The new principal, Joanne Cockrell, added a 30-minute period to each day two months out of the year, when students focus on nothing but test preparation. "The testing gave us a focus, and that's why I believe in high-stakes testing," she says.

However, the test-preparation programs are not the ones she considers most important. Cockrell hired back only those teachers willing to spend extra time with students. She put the squeeze on gang leaders and created a system where students could get more individual attention. She bolstered the arts, music and sports programs. And she started a legal-studies magnet program where students could take law classes, participate in mock trials and even do an internship with a judge. "Children who enjoy being here are going to do the best on the testing," she says. And they have. The school's scores have jumped from the 30s to 80 percent on the reading portion and from the 20s to 92 percent on math.

At the Wickliffe School, meanwhile, students' scores on the Ohio Proficiency Test have actually dipped a few points in reading and math since teachers began to take it so seriously. Why have the two schools had such different results with standards-based reform? The answer may have to do with the very concept of standardization: that it is bound, by definition, to sweep upward some of those who drifted on the bottom while forcing downward some who swam on the top. Or it could have to do with the degree to which the schools let the new standards control the classroom. Teachers at Fox Tech kept testing in perspective and never stopped teaching art and science or trying to find assignments that students found meaningful. By not putting all of the emphasis on producing good scores, that is, in effect, what they got. ■

Laird Harrison is a freelance writer in Oakland, California.



Home sweet home

Some days, there's just no place like it. And so this month, we're introducing a new column dedicated to kicking back, cozying up and enjoying your own corner of the world



Arhomeatherapy

Doing household chores is never going to top the list of favorite ways to spend a day, but, says aromatherapy expert Rosie Warda, vice president of sales and marketing for AromaLand, essential oils used in mood-boosting aromatherapy products can spice up your clean routine. • **Suddenly clean** Mix a teaspoonful of orange oil in five gallons of water to remove glue, dirt and oil from floors, counters and appliances. Don't use on wood or delicate surfaces. • **Bugs be gone** Basil, peppermint, citronella and lemongrass oils repel pests. Stay bug-free by adding [illegible] ated diffuser such as [illegible]33-5267). [illegible] of oil to [illegible]ry

Your space, your pace

A zone of your own can restore serenity and control and help you destress

You know the drill: Screaming kids. Demanding boss. Lingering thoughts of tragic world events. While a certain amount of daily stress is normal and even expected, too much can take its toll. Severe chronic stress may contribute to four of the leading causes of death in American women: heart disease, cancer, lung disease and accidents. It is also believed to lower immune system function, exacerbate arthritis and asthma, and cause insomnia.

Every woman knows what it feels like to be stressed out, but as Eva Stubits, an adjunct assistant professor of psychiatry at the University of Texas Medical School, in Houston, says, the problem is getting worse. "The tragedy of September 11 introduced a new level of uncertainty to [American] life. This lack of control has greatly increased the stress in our lives." *(continued*



Sinking ir

From stuffed cubes to use as footrests and tuffet seats to big, cush bean bag chairs, soft furniture is a home tren to get comfortable with Best of all, these soft furnishings are easy to move around the house—no matter how far you have to go to el out a little peace and quiet. All by Eazy Bean

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(continued) While there will always be circumstances and situations you can exert no control over, you can begin to restore a sense of comfort by creating your own sanctuary space—a place to enjoy a favorite activity or indulge in precious time alone.

"When you are in your comfort zone you can be at ease," says Stubits. In fact, retreating to your sanctuary on a regular basis can cause adrenaline (chemical messengers) and cortisol (the primary stress hormone) levels in your blood to decrease, increasing the feeling of calm.

And while having a sanctuary is one thing, you've got to commit to using it to reap the benefits. That's why every evening Valerie Addo, 52, a junior-high-school math teacher and mother of two in Brooklyn, New York, retreats to the master bedroom, to a corner sectioned off by a Japanese screen draped with various fabrics. Behind it are baskets filled with her many sewing, knitting and embroidery projects. "Setting aside a few moments at night to do some needlework in my own space relaxes me," says Addo. "I sleep better, and I'm a more productive person during the day." —*Jacklyn Monk*

home face-lift

So maybe there's no room in the budget for new siding, but you can give your home a quick cosmetic boost by changing the style of your numbers or swapping a dull, standard-issue doorbell for one with designer details.



Doorbells: Restoration Hardware (from top), $24, $8, $8. House numbers: "2," Misaine Chatelaine, $9.95; "3," Restoration Hardware, $9; "1," Baldwin, $16

Fido can show his stripes, too, on your next walk around the block with this sturdy nylon leash. By Up-Country, $19.95 (4 or 6 feet; matching adjustable collar, $17.95. To order, 800-763-6393



Make room

Sure, it's great if you have a spare room to designate as your personal space, but really all you need to create a tranquil haven is a little ingenuity. Karen Fisher, president of Designer Previews, an interior design referral service in New York City, offers simple ways to transform any space.

1. Install an herb garden in a box in your kitchen or another room, such as rosemary, which gives off a calming fragrance.

2. Paint a corner of the room a soothing color—cool shades of blue, pink and apricot are good choices. Place a mat to do yoga or meditate, or stretch after a long day (for a three-step stretching routine, turn to page 106).

3. Instead of flowers that bloom only during spring and summer, plant evergreens on your deck. Even when it gets too cold to sit outside, you can pull a chair up to the window and enjoy a green patch of nature year-round.

4. Hang wind chimes. Turn off the TV and the telephone and listen to them play in the breeze.

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reading comprehension problems in disguise. Sometimes, it unearths learning blocks that students didn't even know they had.

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Take the first step and call us. We'll give you $25 off our Skills Assessment. We also offer flexible payment options, because helping your child improve is enough to worry about.

Start now, and you'll not only have a more confident, successful child —you'll both have a lot to feel great about. Call Sylvan today.

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heart smarts

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No-bake sweets

In top of a double boiler, over hot water, melt ¾ *cup peanut-butter chips*, stirring until smooth. Spoon 1 measure teaspoon into each heart mold. Tap mold on counter to evenly distribute. Chill until set, 20 minutes. Melt ¾ *cup semisweet chocolate chips* in top of a double boiler over hot water. Stir until smooth. Spoon 1 measure teaspoon on top of each peanut-butter layer. Tap mold to evenly spread chocolate. Chill until set, 20 minutes more. Remove from mold and serve to those you love.



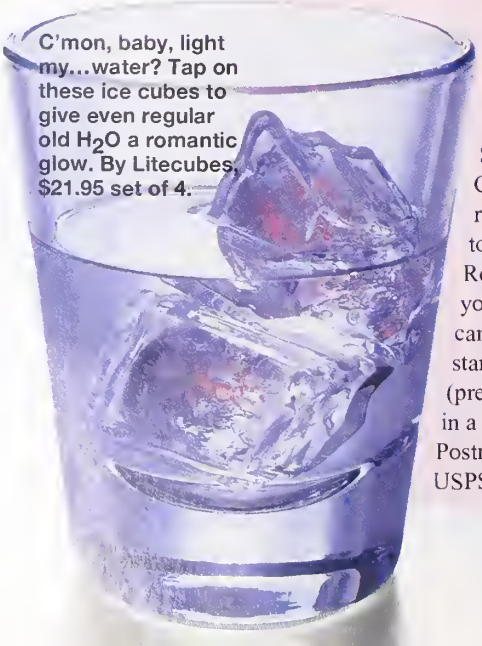
Be my know-it-all Valentine

Love is in the air 78 percent of Americans surveyed last year say they are in love, compared to 67 percent of those in 2000, according to FTD.

Random act of courtship In the Middle Ages, men and women drew names to see who their valentines would be. They wore the name on their sleeve as they were courted, which gave us the phrase "Wear your heart on your sleeve."

Letters from Loveland Since 1947, Loveland, Colorado, has shared its romantic name with out-of-towners through its Valentine Remailing program. To have your Valentine receive your card bearing a "Loveland" stamp-cancelation mark, send (pre-stamped, pre-addressed and in a larger envelope) to: Postmaster, ATTN: Valentines, USPS, Loveland, CO 80538-999

Sift through your old photos, and bring a favorite shot of you and your honey out of hiding. Set it in a stylish new frame and place on your husband's plate at the dinner table to remind you of that [illegible]. Frames [illegible] company



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25 ways to cozy up



When you crave warmth, connection or simply a soothing adult time-out, these ideas can take you there. By Sharlene K. Johnson

1 Share a decadent dessert and some wine with your most optimistic friend.
2 Cuddle up with a long body pillow. When the world feels like a cold, hard, dangerous place, the antidote is something warm, fuzzy, pillowy and protective. *—Gilda Carle, professor of psychology and communications at Mercy College, in New York*
3 Bring the outdoors in with a tabletop fountain—the sound of trickling water can be infinitely soothing.
4 Change the lighting in the room you spend the most time in. Instead of a single overhead light, use a combination of table lamps, hanging lights and floor lamps. Outfit them with bulbs of varying wattage to simulate variations in natural light. *—Katie Brown, host of "Katie Brown on E!" and "E! Style"*
5 Stay up past your usual bedtime and watch late-night TV. Just like when you were a kid, you'll feel like you're getting away with something. *—Leslie Levine, author of "Ice Cream for Breakfast: If You Follow All the Rules, You Miss Half the Fun"*
6 Put your hands in a mound of warm, raised bread dough—it's the most satisfying, sensuous thing. You can use a bread machine for the mixing and proofing, then shape it by hand and bake it on a bread stone. *—Linda We Eckhardt, author of "Rustic European Breads from Your Bread Machine"*
7 Bake something—anything—wit apples and cinnamon. Inhale.
8 Make the effort to entertain—it's a way we can reach out to one another and take comfort from being togethe even if we're just sitting around the table with chocolate-dipped biscotti and a cup of coffee. *—Colin Cowie, celebrity party planner and spokesm for Gevalia Kaffe*
9 Surround yourself with warm, yummy colors in your home. Deep reds are beautiful to live in. Mellow golds are fun, too. To keep your rooms cozy, stay away from green

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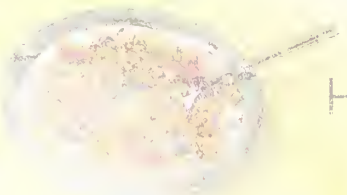
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o-bright yellows. —*Katie Brown*

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gs cozy from a child's point of
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berman.

a pet. Studies show that living
gs and cats can improve stress-
increases in blood pressure.
gs have proven to be more
g to have around in stressful
ns than spouses.

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e a deal with your mate to toss
h
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warm
tep out

up a
chair,
ur
quilt or
and
urself
simply sit.



of the tub, or go all the way and install an electric towel warmer in your bathroom.

15 Return to your food roots. Comfort food for Texans means chili; Yankees want pot roast; New Yorkers turn to black-and-white cookies. For me, it's tomato soup because that's what my mother always made when I was sick. —*Linda West Eckhardt, author of "The Only Texas Cookbook"*

16 Buy a snuggly fleece bathrobe in your favorite color.

17 Take time to do things nicely, such as writing notes by hand. It's no longer about impressing someone, but letting them know you care. —*Colin Cowie*

18 Pull your furniture away from the walls and create cozy seating arrangements. —*Katie Brown*

19 Listen to music: Research shows it can decrease blood pressure and heart rate. Wind down by listening to music that fits your current mood, moving toward music that is more relaxing. —*Peg Stirn, R.N., MT-BC, of Music Therapy in Motion, Fort Collins, Colorado*

20 Sip a hot drink and cup the mug to warm your hands.

21 Splurge on a pair of cashmere socks—they're cheaper than a sweater but just as cozy. Lands' End (800-963-4816) has cashmere anklet socks for $26 a pair.

Choose a beverage with a spicy aroma, like Celestial Seasonings Mountain Chai. —*Leslie Levine*

22 Warm your bed with a foot warmer—a small flannel pillow filled with rice, flaxseed or no-pop corn. Microwave before bed, and it will hold the heat until well after you drift off.

23 Hang drapes. Big, luscious curtains that pool on the floor can really warm up a room and make it more relaxing. —*Katie Brown*

24 Indulge your sweet tooth. If it's chocolate you crave, turn to page 134.

25 Spend time with old photos. Forget about feeling guilty because they're not all in albums; just enjoy the memories.



Sassy

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Gemstones shown larger than actual size.



Ring and gems shown actual size: Mother's diamond in an "illusion" setting, (left to right) emerald, blue topaz, ruby.

To a mother, each child is a precious jewel. Her love for each child is the same, yet different. Now, the artists of Lenox have created a dramatic heirloom-quality ring reflecting a mother's special affection for her children.

Genuine gemstones

The *Mother's Little Gems Ring* is an open heart of solid sterling silver designed to be personalized with genuine birthstones—diamonds, rubies, emeralds and more—representing the months of the year. The mother's birthstone is the largest gem in the setting and is mounted at the top of the heart. The children's birthstones are hand set on one side.

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Say it with chocolate

Seven great ways to **indulge** your Valentine's sweet tooth

MINT CHOCOLATE SANDWICH COOKIES

Prep time: 30 minutes plus standing
Baking time: 4 to 5 minutes per batch plus standing

¼ cup plus 1½ teaspoons vegetable shortening, divided
½ cup sugar
¼ cup unsweetened cocoa
tablespoons milk
teaspoon vanilla extract
teaspoon mint extract, divided
teaspoon baking soda
cup all-purpose flour
ounces white-chocolate squares

Heat oven to 375°F. Beat together cup shortening, sugar, cocoa, milk, nilla and half of the mint extract in a ge mixer bowl on medium speed til combined. Add baking soda and much of the flour as you can. Stir in remaining flour by hand until com- ed. Shape the dough into a ball. Di- e dough in half.

On a lightly floured surface, roll h half 1/16 inch thick. Cut out with ch heart cookie cutters. Place on reased cookie sheets and bake 4 to inutes or until edges are firm. Cool ookie sheets for 1 minute. Trans- o wire racks and cool completely.

Melt white chocolate and 1½ tea- ons shortening in the top of a dou- oiler over low heat, stirring often. ove from heat. Stir in remaining extract and cool slightly. Transfer ure to a small heavy-duty plastic age bag. Snip a ¼-inch corner the bag. Working quickly, pipe t 1 teaspoon of white-chocolate ure on top of half *(continued)*



Chocolate-Ganache Cups

of the cookies. Top each iced cookie with a second cookie. Decoratively pipe mixture on top, if desired. Makes 15 sandwich cookies.

Per cookie: 155 calories, 7.5 g total fat, 4 g saturated fat, 0 mg cholesterol, 39 mg sodium, 20 g carbohydrates, 1 g protein, 7 mg calcium, 1 g fiber

CHOCOLATE-GANACHE CUPS

Prep time: 30 minutes plus chilling

Cups:
8 ounces semisweet chocolate squares, chopped

Ganache:
1 cup heavy or whipping cream
11½ ounces milk-chocolate squares
3 tablespoons raspberry liqueur

1. *Make cups:* Line 10 muffin-pan cups with cupcake/muffin liners. Melt chocolate in the top of a double boiler over hot (not boiling) water, stirring constantly until smooth. Spoon 1 tablespoon melted chocolate into each liner. With a pastry brush, coat bottom and sides of liners evenly with chocolate. Freeze 30 minutes until chocolate is firm.
2. Re-melt remaining chocolate and repeat, forming a second coat of chocolate in each liner. Freeze until completely set, 1 hour.
3. *Make ganache:* Bring cream almost to boiling in a large saucepan over medium heat. Remove from heat. Add milk-chocolate pieces (do not stir). Co
er and set aside 5 minutes, then stir un
smooth. Transfer to a large mixing bow
Cover and refrigerate until thorough
chilled, about 3 hours.
4. Set bowl with mixture in a larg
bowl of ice water. Beat with an electr
mixer on medium speed for 3 minutes
until fluffy, gradually drizzling in t
liqueur. (The mixture will turn lig
brown with beating. That's okay.)
5. Peel paper liners from chocolate cu
and pipe ganache into each. Top eac
with whipped cream, if desired. Ser
immediately. Makes 10 cups.



Brownie Sandwich

Per serving: 370 calories, 25.5 g total fat, 15.5 g sa
rated fat, 40 mg cholesterol, 38 mg sodium, 36 g carb
hydrates, 4 g protein, 85 mg calcium, 2 g fiber

BROWNIE SANDWICH

Prep time: 10 minutes plus chilling
Baking time: 35 minutes plus standin

1 cup butter (no substitutes)
6 ounces unsweetened chocolate squares, cut up
1¾ cups granulated sugar
1 tablespoon vanilla extract
4 eggs

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ps all-purpose flour
unsweetened cocoa
spoon salt
coarsely chopped hazelnuts
coarsely chopped pecans
white-chocolate squares or
e-chocolate chips
chocolate-hazelnut spread
tella)
espoon confectioners' sugar

t oven to 350°F. Line bottom and
of two 8x8x2-inch baking pans
oil; grease foil and set aside.
a heavy-bottom saucepan stir to-
r the butter and unsweetened
ate over low heat just until melt-
move from heat. Using a wooden
stir in the granulated sugar and
nilla. Transfer to a bowl and let
minutes.
sk in eggs, one at a time, beating
ach just until combined. Stir in
ocoa and salt. Spread batter even-
prepared pans. Sprinkle hazelnuts,
and white chocolate over top.
35 minutes or until a toothpick
in the center comes out clean.
rownies in pan on a wire rack,
utes. Spread top of one brownie

Chocolate Pots de Crèmes en Croûte



layer with the chocolate-hazelnut spread. Carefully remove second brownie layer from pan and place on top of the chocolate-hazelnut-spread layer, nut side up. Chill for 2 hours or overnight. To serve, lift whole brownie sandwich from pan while still chilled. Cut immediately. Makes 16 brownies.

Per brownie: 405 calories, 26 g total fat, 12.5 g saturated fat, 84 mg cholesterol, 183 mg sodium, 43 g carbohydrates, 5 g protein, 39 mg calcium, 3 g fiber

CHOCOLATE POTS DE CRÈMES EN CRÔUTE

Prep time: 30 minutes plus chilling and standing
Baking time: 13 minutes

Crust:
2 cups all-purpose flour
2 tablespoons unsweetened cocoa
¼ teaspoon salt
⅔ cup vegetable shortening
6 to 7 tablespoons cold water

Filling:
¾ cup sugar
¼ cup cornstarch
3 cups milk
4 ounces unsweetened chocolate, chopped
2 teaspoons vanilla extract
5 egg yolks, beaten

Sweetened whipped cream, for garnish

1. *Make crust:* Stir together the flour, cocoa and salt in a large mixing bowl. Using a pastry blender or two knives, cut in shortening until mixture resembles coarse crumbs. With a fork, stir in water, 1 tablespoon at a time, until *(continued)*

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(continued) mixture begins to hold together and all the dough is moistened. Divide dough into sixths. Form each sixth into a ball. Cover with plastic wrap and refrigerate 30 minutes.

2. Remove one dough ball at a time and, on a lightly floured surface, roll into a 6-inch circle. Transfer to a 6-ounce ovenproof custard cup. Gently press into bottom and sides of cup. Trim edges. Repeat with remaining dough.

3. Heat oven to 400°F. Line each cup with foil and bake 8 minutes. Remove foil; bake 5 minutes more or until firm. Cool completely on a wire rack.

4. *Make filling:* Stir together sugar and cornstarch in a medium saucepan over medium heat. Add milk, chocolate and vanilla, and stir until thickened and bubbly. Cook and stir 2 minutes more. Remove from heat. Slowly stir 1 cup of the hot mixture into the beaten egg yolks. Lower heat, then carefully pour egg-yolk mixture into hot filling in pan. Bring just to boiling, stirring constantly, 2 minutes. Remove from heat. Cover surface with plastic wrap and let cool 10 minutes.

5. Pour filling mixture into baked crusts. Cover and chill for 2 to 24 hours before serving. Top with whipped cream. Makes 6 servings.

Per serving (with 1 tablespoon whipped cream): 725 calories, 44.5 g total fat, 17.5 g saturated fat, 203 mg cholesterol, 168 mg sodium, 74 g carbohydrates, 13 g protein, 192 mg calcium, 5 g fiber

ORANGE S'MORE TART

Prep time: 15 minutes plus chilling
Baking time: 8 to 10 minutes

2 cups graham-cracker crumbs
6 tablespoons butter, melted
⅓ cup orange marmalade
¾ cup heavy or whipping cream
6 ounces semisweet chocolate squares, chopped
2 tablespoons orange liqueur
1 teaspoon orange zest (optional)
1 jar (7½ oz.) marshmallow cream or 1 package marshmallows
Chocolate-covered graham crackers or chocolate graham-cracker pieces
Finely shredded orange peel, for garnish



1. Heat oven to 350°F. Combine graham-cracker crumbs, melted butter and marmalade in a medium bowl. Press mixture onto bottom and 1 inch up sides of a 9-inch springform pan. Bake 8 to 10 minutes. Remove from oven; let cool.

2. In a small saucepan, heat cream on low heat until almost simmering. Whisk in chocolate, liqueur and orange zest until smooth. Let mixture cool slightly. Pour cooled mixture into graham-cracker crust. Gently tap bottom of pan on counter to settle mixture evenly. Cover and chill for 2 hours or overnight.

3. To serve, dollop marshmallow cream over top. (If using marshmallows, place on a nonstick cookie sheet and heat in oven until tops just begin to brown. Remove from oven and arrange as desired over tart.) Top with chocolate-covered graham crackers and sprinkle on orange peel. Makes 12 to 14 servings.

Per serving: 270 calories, 14.5 g total fat, 8.5 g saturated fat, 31 mg cholesterol, 140 mg sodium, 35 carbohydrates, 2 g protein, 20 mg calcium, 1 g fiber

DOUBLE-CHOCOLATE ANGEL CAKE

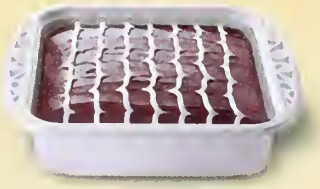
Prep time: 15 minutes plus chilling
Baking time: 40 to 45 minutes plus standing

1½ cups sifted confectioners' sugar
¾ cup sifted cake flour
½ cup sifted unsweetened cocoa
1½ teaspoons cream of tartar
1½ teaspoons vanilla extract
1½ cups egg whites (10 to 12 large) at room temperature *(continu*

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The Smiths' Holiday Party - Easy Spinach Lasagna



Little League Party - Marble Frosted Macadamia Brownies



The Church Social - Creamy Mac & Cheese



Aunt Marge - Chocolate Raspberry Mousse



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SAY IT WITH CHOCOLATE

Continued

1 cup granulated sugar
¼ cup miniature semisweet chocolate chips
1 tablespoon unsalted butter (no substitutes)
2 medium bananas, sliced

Shaved bittersweet chocolate, for garnish
Sweetened whipped cream, for garnish

1. Adjust oven rack to lowest third of oven. Heat oven to 350°F. In a large bowl sift together the confectioners' sugar, flour and cocoa 3 times; set aside.
2. Add cream of tartar and vanilla to the egg whites. Beat on medium-high speed in a mixer bowl until soft peaks form (tips curl). Gradually add granulated sugar, about 2 tablespoons at a time, and beat until stiff peaks form (tips stand straight).
3. Sift about ¼ of flour mixture over the beaten egg whites; gently fold in with a rubber spatula just until blended. Repeat, folding in remaining flour mixture by fourths. Gently fold in chocolate chips. Pour batter into an ungreased 10-inch tube pan. Gently run a long, thin knife or metal spatula through the batter t through air pockets.
4. Bake 40 to 45 minutes or unti springs back when lightly touched mediately invert cake (leave i pan); cool thoroughly. Run a s knife along the side of the *(conti*



Double-Chocolate Angel Cake

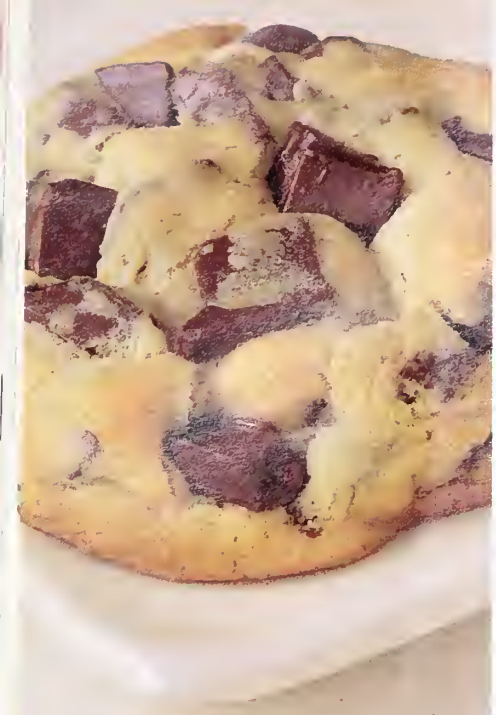
ATTENTION, CHOCOLATE LOVERS

To your health It's no wonder that chocolate is one of our f vorite ways to say I love you: Chocolate contains phenyleth lamine, the same chemical that our brain releases when we fall love. When we eat chocolate, serotonin and endorphins are r leased from the brain, promoting a sense of well-being, calm a even euphoria. What's more, research shows that chocolate al can act as a mild antidepressant.

While chocolate is a proven mood-booster, dark chocolate particular may help to lower cholesterol. Dark chocolate conta antioxidants in the form of flavonoids, which are known to redu the risk of cardiovascular disease. Of course, that doesn't mean should consider chocolate a health food, but new research sho that cocoa powder and dark chocolate—in small, regular dos along with a healthy diet—seem to raise the "good" choleste (HDLs) while lowering the "bad," artery-clogging cholesterol (LDL

Choosing chocolate Is buying high-quality chocolate worth the pense? Elaine Gonzalez, author of *The Art of Chocolate* (Chroni 1998), says that depends on what you're using it for. Gonzalez s to spring for it when the chocolate stands alone in a recipe, suc a chocolate dipping sauce. Expensive (50 cents to $1 an ou high-quality chocolates have more cocoa butter and cocoa cor and are therefore the most fluid and refined, but these attribute lost once the chocolate bakes. *—Dominique And*


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pan and gently unmold. Remove cake from the pan.

5. To serve, heat butter in a large skillet over medium-high heat. Cook banana slices 5 minutes or until browned, shaking pan occasionally. Cut cake into thick slices. Lay each slice on a warmed dessert plate. Spoon bananas over each slice. Top with shaved chocolate and dollop with whipped cream, if desired. Makes 10 servings.

Per serving: 245 calories, 3 g total fat, 2 g saturated fat, 3 mg cholesterol, 62 mg sodium, 51 g carbohydrates, 6 g protein, 11 mg calcium, 2 g fiber

CHOCOLATE-MALTED LAYER CAKE WITH WHITE-CHOCOLATE FROSTING

Prep time: 35 minutes
Baking time: 17 to 20 minutes plus standing

Cake:
½ cup unsweetened cocoa
½ cup instant malted milk powder
1¾ cups all-purpose flour
1 teaspoon baking powder
½ teaspoon baking soda
⅔ cup vegetable shortening
1¾ cups sugar
3 eggs
4 ounces unsweetened chocolate squares, melted
2 teaspoons vanilla extract
1¾ cups chocolate milk

White-chocolate frosting:
1¼ cups heavy cream
¾ cup butter (no substitutes)
¼ cup confectioners' sugar
1 pound (about 2⅔ cups) white-chocolate chips
1 teaspoon vanilla extract
⅓ cup miniature semisweet chocolate chips

1. *Make cake:* Heat oven to 350° Combine cocoa and malt powder in small bowl. Grease three 9x1½-in round baking pans and lightly d each with 1 teaspoon of the cocoa-m mixture. In a medium bowl stir toge er the flour, remaining cocoa-malt m ture, baking powder and baking so Set aside.

2. In a large mixer bowl beat the sh ening on medium-high speed 30 s onds. Add sugar and beat u combined. Reduce speed and add e one at a time, beating 30 seconds a each addition. Beat in chocolate vanilla. On low speed alternately flour mixture and chocolate milk, thoroughly combined. Scrape batter prepared pans. Smooth batter w spatula. Gently tap pans on counte

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*Spray 2 large skillets with cooking spray. In one skillet, cook chicken with Ro*Tel about 10 minutes or until chicken is no longer pink and liquid has reduced; set aside. Lay tortillas on a flat work surface. Spread 1/4 of the chicken mixture over half of each tortilla, within 1-inch of edge. Top chicken mixture with 1/2 cup cheese blend. Fold the other half of the tortillas over filling to close. Heat the second skillet over medium heat. Cook quesadillas until slightly crisp, about 3 minutes per side. Makes 4 servings.*
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times to release air bubbles and
atter. Bake 17 to 20 minutes or
toothpick inserted in the center
out clean. Cool in pans on wire
10 minutes. Remove cake from
d cool completely.

ce white-chocolate frosting:
hile, in a large saucepan bring
butter and sugar to a boil. Re-
rom heat and stir in white-
te chips. Let stand 3 minutes.
nilla and whisk until smooth.
to a mixer bowl and chill 2
until thickened but pourable.
high speed until fluffy. Fold in
e chips.

semble, place one cake layer on
g platter and spread with ¾ cup
osting. Top with second cake
l another ¾ cup of the frosting.
third cake layer and spread top
es with remaining frosting.
2 to 14 servings.

845 calories, 53.5 g total fat, 30.5 g saturat-
g cholesterol, 316 mg sodium, 85 g carbo-
protein, 107 mg calcium, 4 g fiber ■



Chocolate-Malted Layer Cake with White-Chocolate Frosting

Continued from page 59

Fun, faith and family values

Humor has always been a big part of the First Couple's relationship. Laura told her mother soon after she met George that "the thing I liked about him was that he made me laugh."

They met at a backyard barbecue in 1977, the year both turned 31, at the Midland, Texas, home of friends Joe and Jan O'Neill. George has said he fell in love with her at first sight. It didn't take Laura Welch too much longer to decide that he was for her. Three months after they met, George proposed. He has called it "the best decision I ever made."

Though very different in personality—he's outgoing, she's reserved; he's a cutup, she's contemplative; he comes from a big rambunctious family, she's an only child—George and Laura share similar backgrounds. Both grew up in Midland, attended the same junior high school and spent part of their young single lives in Houston.

"Most people in the [Bush] family will tell you that Laura serves as an emotional lightning rod for George—the cool counterpoint to his white-hot moments," says Minutaglio. "When you are around him and suddenly Laura appears, you can almost see him soften. I have seen him reach for her hand, like older married couples do, without even seeing her."

Though they have different interests, Laura says their personalities are complementary. "Because of that, we've had a fairly easy time getting along with each other," she says.

In his 1999 autobiography, *A Charge to Keep*, George wrote, "Our differing styles exaggerate our differences. We share the same basic values."

"It's been a strong marriage from the very beginning, and that is principally because they both share the same common purpose in life, which is to serve other people," says Don Evans. "[They] have unwavering love for one another that's grounded in a deep and abiding faith."

George and Laura read the Bible often and attend chapel services at Camp David every Sunday. "Our faith is very important to our marriage," says Laura. "It's gotten so much stronger and deeper."

Quantity time

Forget quality time. The Bushes believe in quantity time. "Their life is very ordered," says Regan Gammon. "They have dinner together six nights out of seven, if not seven out of seven. When they are apart, they'll talk on the phone that night and first thing the next morning. He'll call her from the plane on his way to New York to say, 'I'm giving a speech,' and then he'll call when he's finished to say he's on his way home."

Perhaps that reliance on Laura's steady presence developed during the early days of their marriage. Shortly after their wedding in November 1977, they drove around west Texas for George's first political campaign for Congress. The two spent those hours in the car talking. Bush lost, but Laura has described the political races as "the times we grew closest to each other." George agreed: "We were united on a common mission."

They weathered another crisis when they decided to start a family. After three years of infertility, they began the process of adoption. But, in 1981, they discovered Laura was pregnant with twins.

Aside from the terrorist attacks, Laura says her pregnancy was the most difficult time in their marriage. "We were so anxious to have a child," she says. "We knew the pregnancy was high risk. There was a time when we weren't sure" both babies would survive. Laura developed toxemia and was hospitalized a few weeks before her due date. The twins were born five weeks premature on November 25, 1981, after an emergency cesarean.

"That was a very emotional time for the President," says Gammon. "He was very worried about Laura."

Fortunately, the babies were healthy. "In the early days, they cried and cried and cried some more," George wrote. He pitched in, learning to change diapers and feed Jenna and Barbara, often juggling both at once, singing the only "kid" song he knew, the Yale fight song: "*Bulldog, bulldog, bow wow wow.*"

Gammon says that the Bushes are very "together" on their child-rearing strategy. "They're fierce about their love for their girls," says Gammon. "They'd talk it out, and if they disagreed, they'd compromise."

"They trust each other's judgment," adds Jeanne Phillips. "They are able to share things on an intellectual level."

George loves to tell the story about their first political campaign, when they were driving home after a speech and he kept asking for Laura's feedback. Barbara Bush had advised her daughter-in-law never to criticize George's speeches. "It will prevent a lot of marital fights," said Barbara.

But his pestering overcame Laura's reticence. "Well, your speech was very good," Laura finally told him. Flustered, George drove into the garage wall.

"Laura jokes that she doesn't criticize my speeches anymore, but it's not exactly accurate," George writes in his autobiography. "The truth is she is very smart. She doesn't criticize very often, so I really pay attention when she does."

That's another key to the strength of the Bush marriage: their ability to communicate, say friends. Even George's drinking problem. To this day George jokes that Laura told him it was "me or Jim Beam," Laura says she never gave him an ultimatum. She just helped him realize that drinking too much was counterproductive. In 1986, he gave it up on his own.

And it's not only what they say to each other, but what they don't. Laura says that one of the most important things they've learned is to bite their tongues. "As we've matured, we've become more self-disciplined about criticizing each other," she says. Everybody thinks negative thoughts about their (c



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spouse occasionally, "but you have to say it."

That doesn't mean they agree everything. "Sure we disagree," has said. "One thing about politics sure is that you nearly always have opponent. So it doesn't have your spouse."

A perfect match

Like the couple themselves, ranch in Crawford is stylish but tentious. "Their TV is hardly ev says Gammon. "Both of them lot." Even their biological clo compatible. "They go to sleep and get up early," she says.

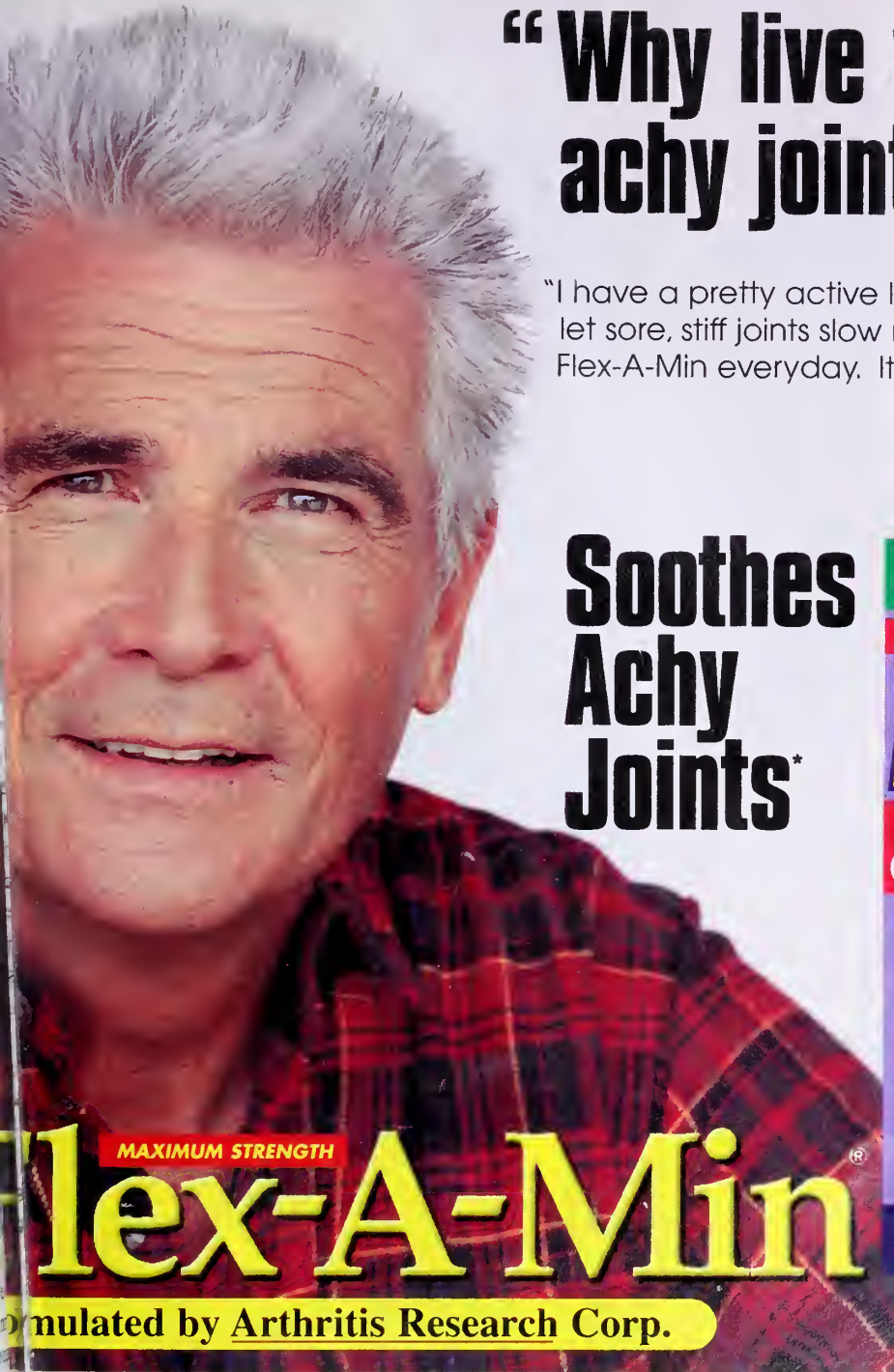
The Bushes also realize the tance of maintaining family tions. For years, before became President, they spent giving at the home of Regan ly Gammon, with the men the table and washing the When the children were grow they ate family meals togeth ten as possible. And, like ma ples, they have a pet name other: "Bushie." When Georg ing gets out of hand, friends Laura's quiet voice reining "Now, Bushie . . ."

No matter what difficul face in the days ahead, Ge Laura can always rely on affection for each other. presidential election was s pute, George told the pres have no regrets if he lost know she'll still love me. more important than winnin

In 1999, George dedicat enade at Southern Method sity, Laura's alma mat honor. It was his Christma wife. "It reflects a visiona soul, one who loves book literacy," George told "And it reflects my love The future president cho ishing with tears in his Laura says, the most ro ever gave her. ■

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Pucker up

Valentine's Day just wouldn't be complete without a loving smooch. Here, our favorite lip-smackers



WHO: Rachel Drga, 35, with baby daughter Madeleine at their home in Austin, Texas
WHAT: Madeleine, now 10 months, was born 11 weeks prematurely and weighed just 1 pound, 14 ounces. "She was so tiny, but beautiful," says Rachel of her first child.
WHY: "We were so worried she wouldn't survive," says Rachel. "Having Maddie was the most miraculous experience. I am so grateful that she is a part of this world."



WHO: Brianne Billings, 9, and her best friend and schnauzer, Dotty
WHAT: An obedience competition at the Chelan County Fair, in Cashmere, Washington
WHY: "Dotty is one of the best dogs in the world," says Brianne, who helps take care of her family's 20 pets, which include a parrot and three guinea pigs. "Whenever I come home, she rushes to meet me. She is such a happy dog. I love her so much."



WHO: David Borges, 23, and Angela Dalessio, 22
WHAT: An impromptu wedding ceremony held at the U.S. Army Reserve Training Center in Zanesville, Ohio
WHY: When David was called to active duty after September 11, the couple acted on love and quickly organized the wedding. "It was very romantic," says Angela. "We are so in love."



WHO: Mary, 68, and Joe, 70, Calcagno
WHAT: In Sun City West, Arizona, Mary and Joe, wh fell in love because of their mutual love of sports, ge ready to catch foul balls for the Arizona Diamondbac
WHY: "I noticed Mary at a tennis match, and I was in l says Joe, of his wife of 14 years. —*Meredith Franc*

Home Journal
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02

Beat-the-clock cookbook

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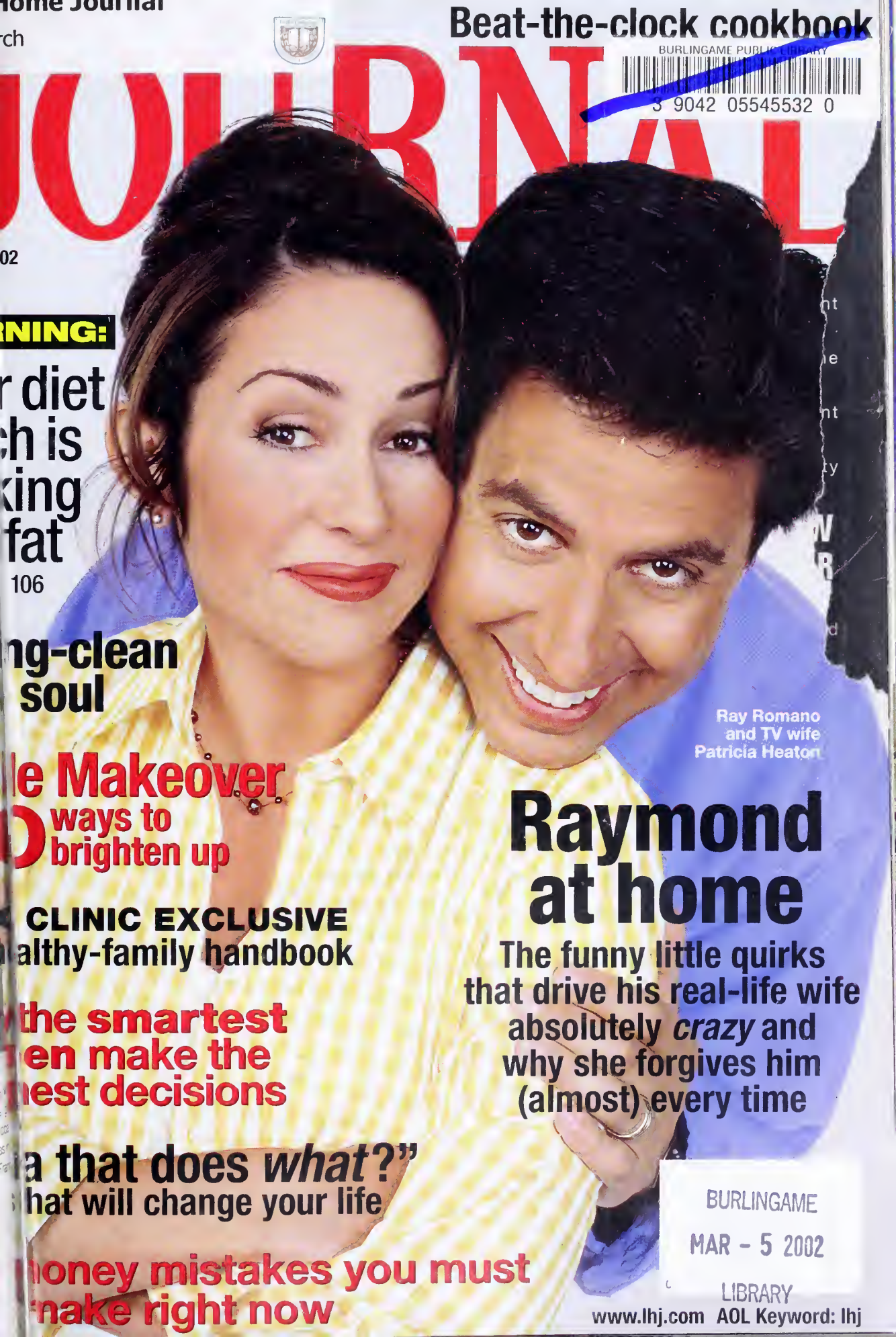
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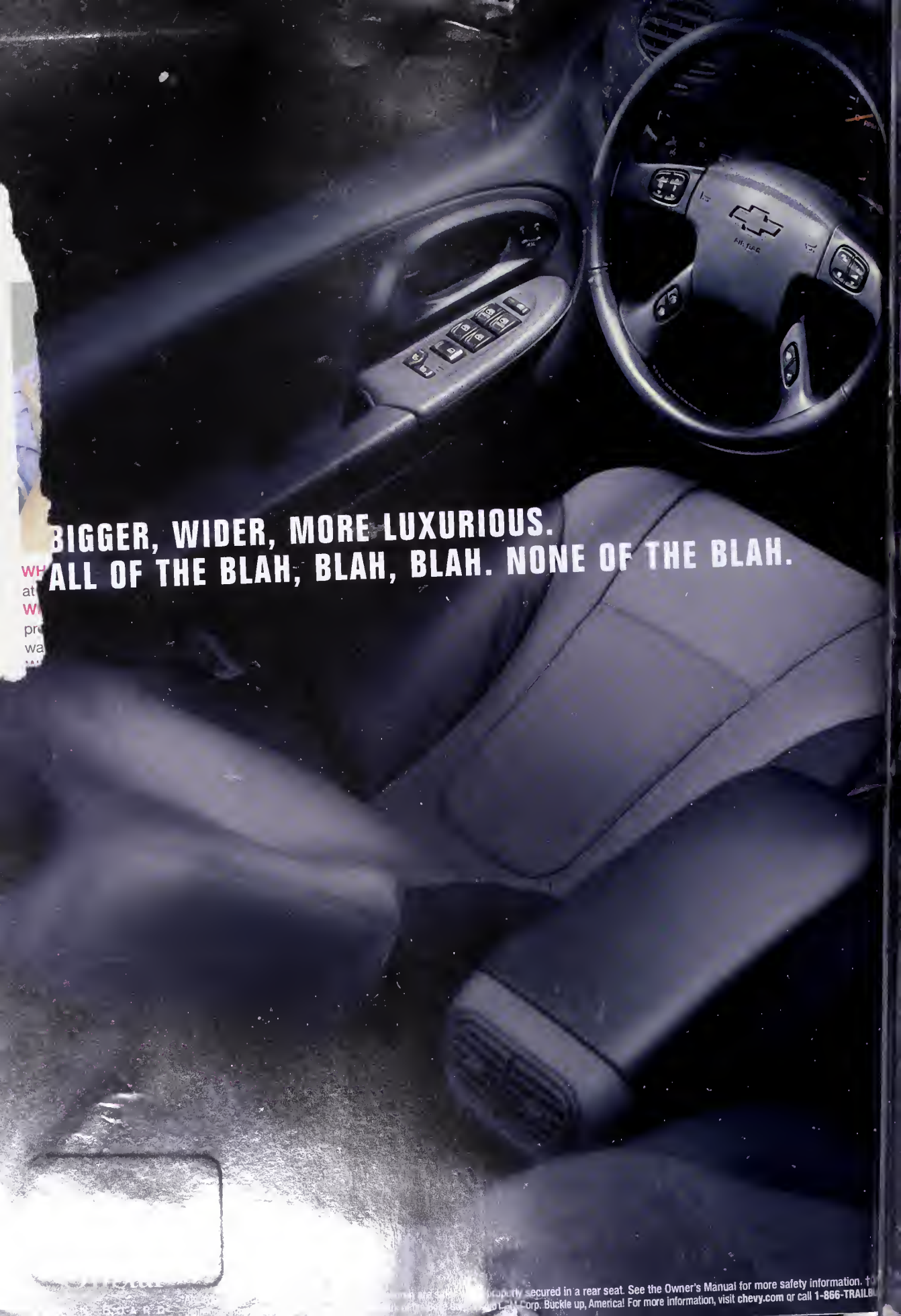
Ray Romano and TV wife Patricia Heaton

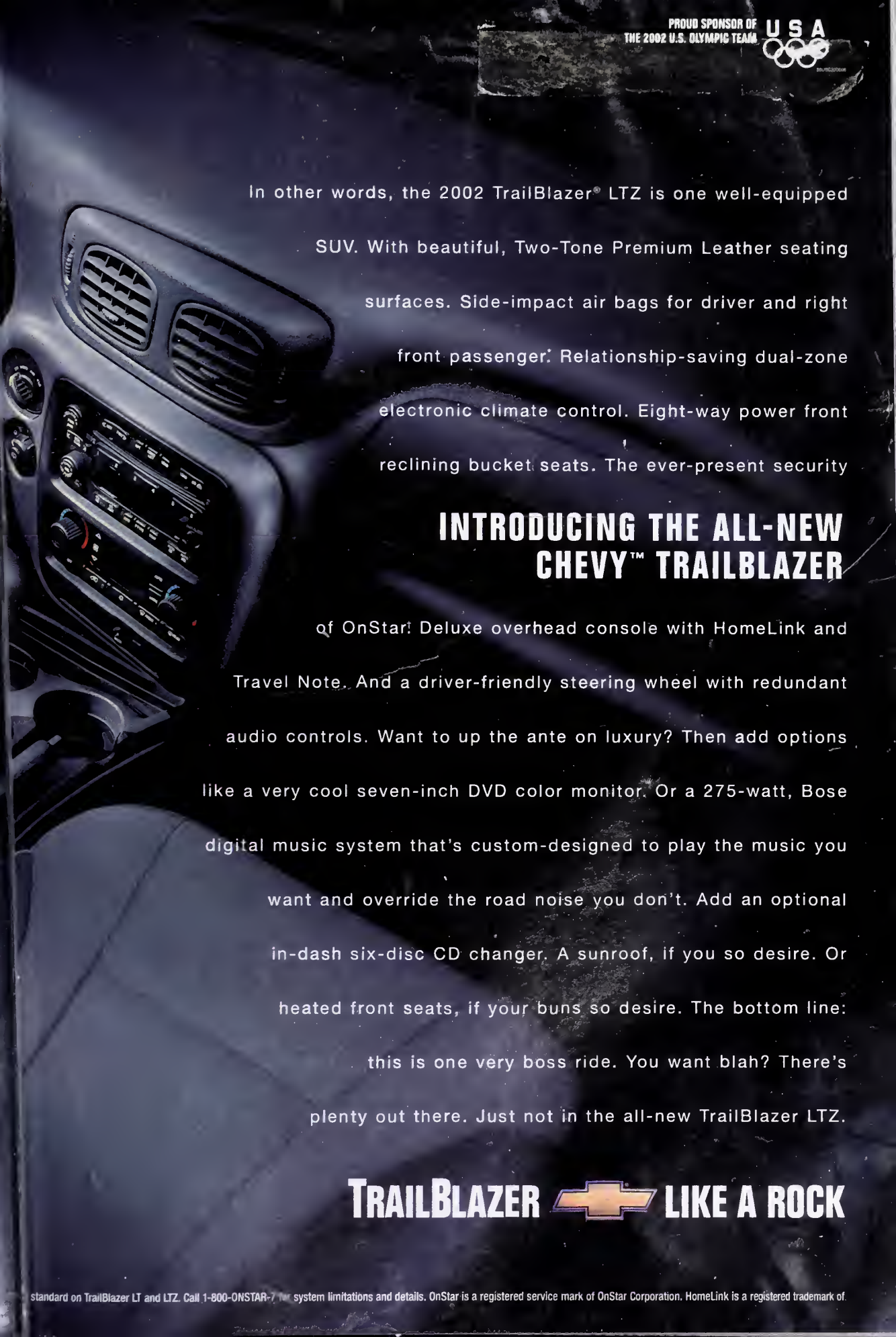
Raymond at home

The funny little quirks that drive his real-life wife absolutely *crazy* and why she forgives him (almost) every time

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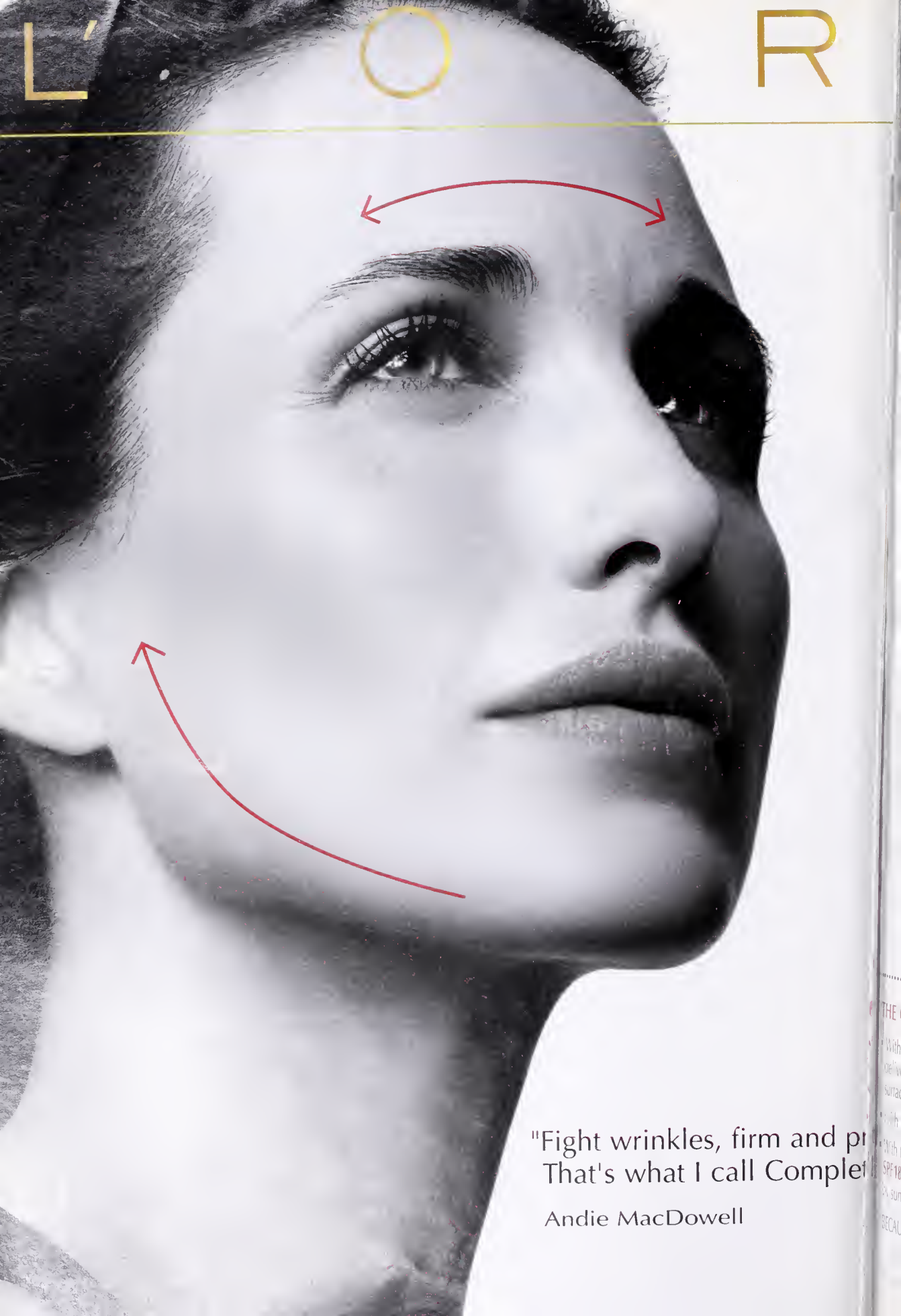
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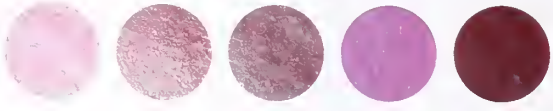
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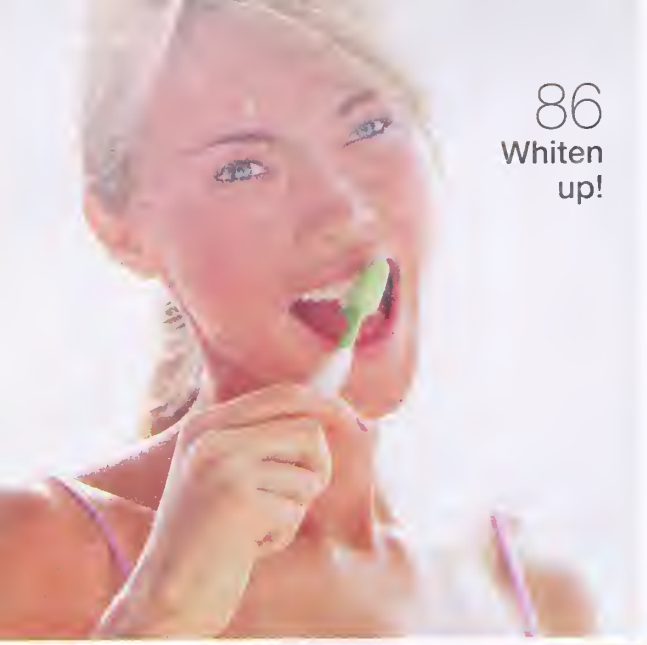
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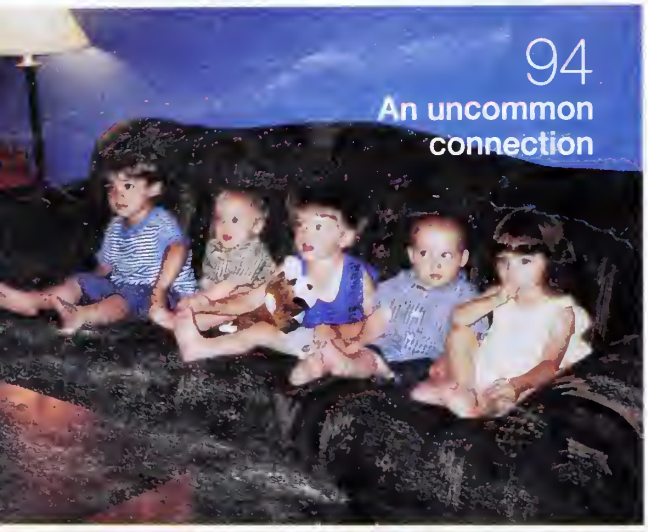
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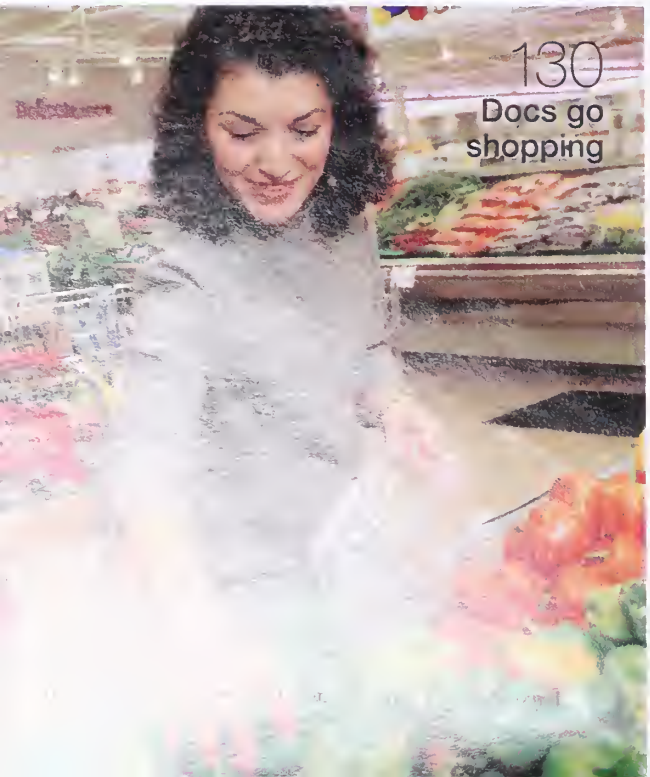

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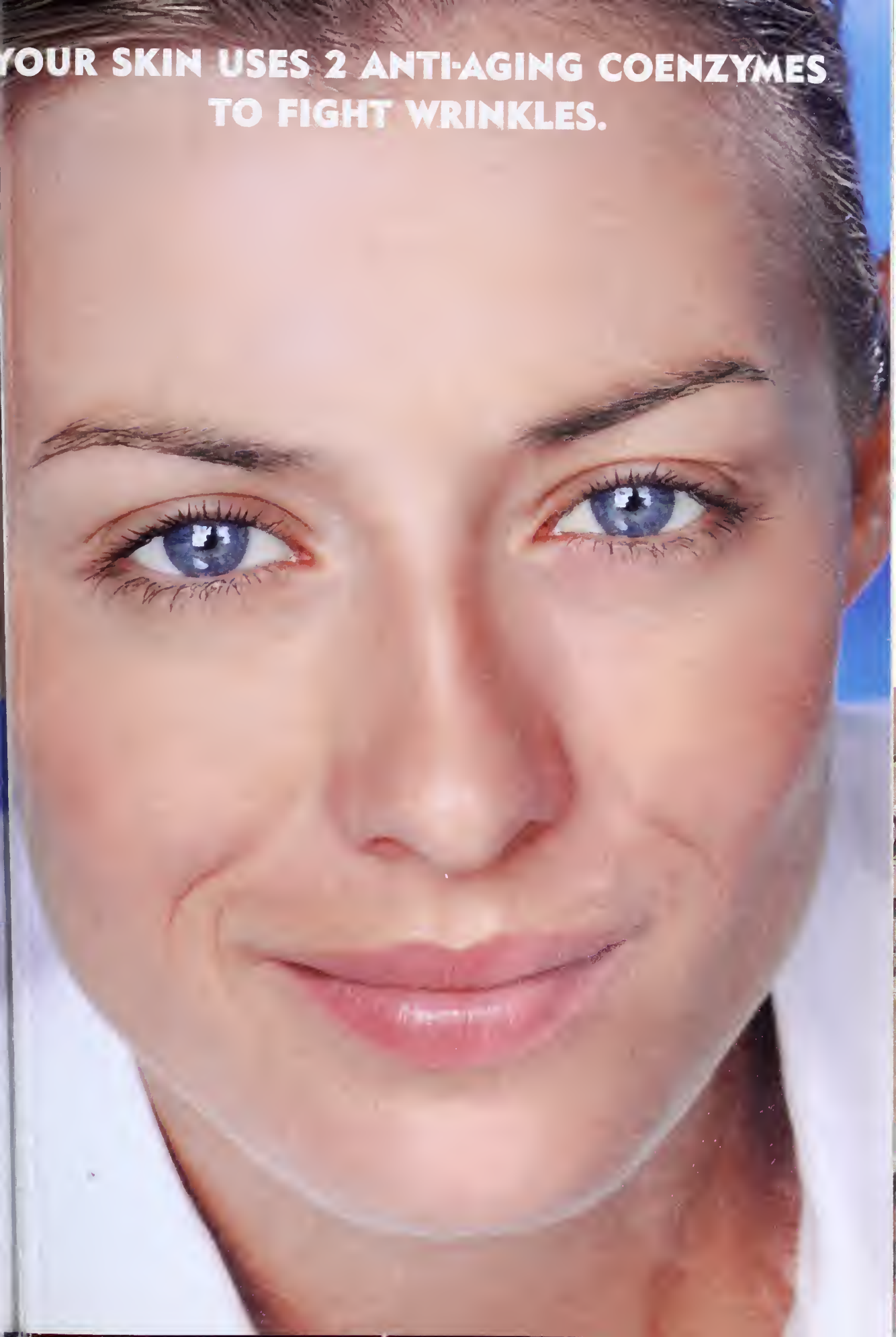
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Family: In & out of focus



Maggie (10) and Evan (8), keep both Corky and me on a short leash

One of the most important parts of my job here at *Ladies' Home Journal* is making sure every story reflects the reality that your life—just like mine—can be a relentless balancing act. On a good day, I keep all the plates spinning just fine. But at any given moment, a plate starts wobbling in a big way: Someone flubs a spelling test and needs to talk about it right now. The dog (that's her, on the right) gets loose and rolls in leaves and dead squirrels, requiring an emergency bath the same day I have to leave on a business trip. A movie star we were so sure wanted to be on our cover changes her mind at the 11th hour, sending us scrambling for a replacement.

The miracle, of course, is that I almost always catch the plate before it crashes. And most days, I can accept that I can't give every single role I play 100 percent. (Of course, on my bad days, I nurture a dream about packing up the kids and the dog and running away from it all, but that's another story.)

But keeping my family healthy and happy is the plate that means the most to me. For a fresh start on family wellness, LHJ teamed up with the Mayo Clinic for our special 10-page guide. And we bring you a new kind of family, with an amazing story of embryo adoption.

The trick to keeping family in focus is perspective, and that's why I love Laura Stavoe Harm's piece on page 70. It took the sudden jolt of every other weekend without her twins—empty, yawning gapes of time—to remind her of how distanced she'd become from what she really loves. She rediscovered herself in a kayak. I reconnect with myself when I walk into a bookstore or a karate class. Maggie and Evan just need a pile of leaves (dead squirrels not included). This spring, I hope that whatever it is that brings you contentment, you find in abundance.



Spring-clean your soul

All of us know how important it is to take time for the things that keep us energized—time for love, time with family, time with friends, time out. But once a year, it's worth spring-cleaning your priorities and making sure you really are nurturing the best parts of yourself. For some ideas, turn to page 58, and let us know how you keep your priorities in focus.

Sarah

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ROSEMARY BLACK

Writing "Give Your Lunch a Makeover" (page 106), which debunks the myth that light midday meals help you keep a slim figure, taught Black a lesson. "If you want to feel energetic, then lunch is the meal you should pay the most attention to," she says. Black is also the food editor of *The Daily News* in New York.

JOE CHAVES



The sunny skies outside matched the mood of this photographer on the day he shot "Smile!" (page 86), about the newest ways to make your teeth sparkly. In fact, "All of us were all smiles by the end of the day," says Chaves, whose work has also appeared in *Maxim* and British *Cosmopolitan*.



CAROL LYNN MITHERS

This LHJ contributing editor says reporting "Teens Too Soon" (page 60), about the precociousness of young girls, hit close to home. "As the mother of a daughter, I find accelerated development to be more depressing than surprising," says Mithers, who has also written for *The Los Angeles Times* and *Parenting*.

ANTONIS ACHILLEOS



Achilleos, a native of Cyprus, who shot "29 Finds Under $100" (page 80) was particularly suited for this still-life fashion assignment. "I like fitting the different elements that I photograph like a jigsaw puzzle," says Achilleos, whose work has also appeared in *Glamour*, *Fortune* and *New York* magazine.



CYNTHIA HANSON

Hanson was inspired by reporting "The World's Most Unusual Adoption" (page 94), about a couple who gave birth to twins after adopting another couple's embryos. "I was struck by their courage to go public with their story," says Hanson, who has also written for *The Wall Street Journal*.

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Harry Potter is turning kids on to reading.

Hurray for Harry

Kudos to LHJ! After hearing the most ludicrous arguments against the Harry Potter phenomenon, it was so nice that your magazine celebrated and supported this wonderful and absorbing set of stories ("The Magic of Harry Potter," December). As a teacher, I know firsthand just how important it is to get children interested in books, especially at an early age. Rowling has succeeded where others have failed; she alone can take credit for inspiring a whole new generation of avid readers.
Koly Moore, Monterey, California

A December to remember

Thank you for a superior December issue. I so cherished your "God Bless America" Editor's Journal, as well as "The Healing Power of Prayer." It was because of "5 Fast Ways to Make a Difference" that I played Santa to two needy children. "The Survivor From the 103rd Floor" was excellent. In future issues, please include follow-up Ground Zero stories.
Irlene Shako, Scholarie, New York

Praying helps

I can really attest to the "Power of Prayer" (December). Some years ago, I underwent neurosurgery to treat my seizures. Before the operation, I went to temple and prayed to help find a solution. The surgery was a blessing, and I thank God for it every day. Praying relieves a lot of stress and tension and helps me get through life's pressures. Never place praying on the back burner; it is the solution to a lot of things.
Anna Victoria Reich, Albuquerque, New Mexico

A moment of love

I reached a point in "The Survivor From the 103rd Floor" (December) when I had to stop reading. Judy Wein's boss of 23 years lay dead at her feet. When she turned to her co-worker, Rich, who had two broken legs and a sense that this was the end, he said, "Good-bye," and then he added, "I love you, Judy." This tender thought in the midst of disaster choked me up. I sensed the beauty of the human spirit that rises above all earthly things.
Warner H. Henrickson, La Mirada, California

We're families, too

In "The New American Family" (December), you forgot one of the fastest-growing families in America—grandparents raising their grandchildren. More than 5 million of us are doing so, and the numbers are on the rise. I am raising two grandsons, ages 10 and 2.
Bonnie Lowe, Springfield, Illinois

You left out my family—the very viable and rewarding child-free-by-choice family. Is a couple a family only as long as they plan to have children? What if they can't or decide not to?
Marcia Drut-Davis, Stuart, Florida

I was disappointed that "The New American Family" failed to acknowledge same-gender parents. We, too, are a part of this diverse culture. We have very strong feelings about what it means to be American, especially being a part of a minority.
Robin Singer, Davie, Florida

Cool or not?

I particularly enjoyed "Too Cool for Yule" (December), which left me laughing so hard, I cried. I have two teenage boys, ages 13 and 15. When they were children, they loved to help decorate for Christmas; now it's not considered cool. But I know that when they are adults with their own children, the fun will begin again.
Kathy Born, Blaine, Minnesota

Facts for the month

Here are a few things you may not know about St. Patrick's Day:

- According to legend, St. Patrick used the shamrock to illustrate the Holy Trinity.
- "Erin Go Bragh" means "Ireland Forever."
- Missouri has a town named St. Patrick.
- Claddagh rings should be worn with the heart facing you if you're married; facing outward if you're single.

We want to hear from you
Got a rant or a rave about a story in our magazine? Send your comments to *lhj@mdp.com* (it's easier for us to respond quickly to e-mail). If you want your letter to be considered for publication, please include your full name, address and daytime phone number. Letters may be edited for space and clarity.

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March file...

A prayer for our President

On the eve of one of the holiest seasons for Christians and Jews, the Presidential Prayer Team is busier than ever. The brainchild of Scottsdale, Arizona, sculptor William Hunter, the group came together on the heels of last fall's terrorist attacks. Its goal: to enlist 2.8 million people (1 percent of the U.S. population) to pray every day for President Bush. At press time, more than 1 million people (via the Web site *www.presidentialprayerteam.org*) had signed up to be part of the nondenominational, nonpartisan team. For more information, call 800-295-1235.

Seeing green

Everyone is Irish on the 17th, St. Patrick's Day. The first celebration in the U.S. took place in Boston in 1737, and this month, more than 100 U.S. cities are scheduled to hold St. Patrick's Day parades, the largest in New York City. Despite increased attention to security, the parades are expected to go on as planned—with lots of green attire and even the occasional green beer as part of America's observances.



time for short cuts

Thinking of going shorter? You're not alone. These days, many women are greeting their hairdressers with the words, "Chop it all off." Such national chains as Minneapolis-based Regis Salons say more and more customers are opting for dos that require little attention. Indeed, an informal survey of salons around the U.S. confirms the short-hair comeback. Chris Megia, a Vidal Sassoon stylist in California, says the top looks are: fringy bobs, looser tresses that move freely and layered razor cuts. "Women are looking for easy hair right now," she says. Peter Coppola, of Peter Coppola Hair Salons in Florida and New York, says: "In the seventies, the shag revolutionized women's hair. Today, we're seeing the revised version of it in the layered bob. It's easy to manage and makes a sexy statement. It says a woman isn't afraid to be who she wants to be." Patricia Roberge, 36, of Bloomfield Hills, Michigan, recently cut her hair after having a second child, deciding she was spending too much time blow-drying and styling. "It was so liberating," she says. "Now I don't have to worry so much about my hair. I can spend more time with my family and friends and doing other things for myself."

—Meredith Franco

OUT OF THEIR SHELLS

If Easter finds you hunting for and consuming eggs, keep in mind the American Heart Association says one egg's worth of cholesterol (roughly 220 mg) constitutes 71 percent of its daily recommended dose. The American Egg Board says each of us eats about 258 eggs a year.



A WOMAN TO WATCH

Activist Mom



On October 7, 1998, Judy Shepard's life changed forever. That morning she received a call telling her that her 21-year-old son, Matthew, was clinging to life in a Laramie, Wyoming, hospital after being savagely beaten by two men who left him tied to a fence post in near-freezing temperatures. Five days later, he died.

Matthew was murdered because he was gay. Since his death, he has become a symbol of what can happen when the forces of hate go unchecked. And his once-shy mother has found her voice as a spokesperson against bigotry, lecturing around the country and serving as director of the Matthew Shepard Foundation (*www.matthewshepard.org*). This month NBC is scheduled to air *The Matthew Shepard Story*, the first authorized movie about the murder. "My husband, Dennis, and I met with Goldie Hawn, who wanted to tell Matt's story in a nonsensationalized way," says Shepard, 49. "I felt comfortable with her vision."



Judy Shepard hopes a TV film will honor her son's memory

Produced by Hawn, the film stars Stockard Channing as Judy and Sam Waterston as Dennis. Canadian Shane Meier portrays Matthew. Shepard read several versions of the script and was present during some of the filming in Toronto. She says it was "eerie" spending time with Meier, who bears a strong resemblance to the son she's lost. "We were doing some photographs," she recalls, "and all of a sudden it hit me: I should be doing this with my own son."

"I know Matt would be disappointed in me if I gave up," she says. "He would be disappointed in us all if we gave up."

—Barry Yeoman

street smarts



Keeping in touch

How easy is it to reach out and touch someone you haven't spoken to in years? We asked Hedi Wineinger, 39, a teacher in Las Vegas, to pick up the phone and find out.

"I called a friend from junior high school I hadn't spoken to in about six years. I was so nervous, but she knew me right away. She was really happy to hear from me and kept apologizing for not keeping in better touch."

How American women fare

It's Women's History Month and a good time to reflect on just how U.S. women compare with their global counterparts in recent surveys.

Nation	Infant mortality per 1,000 live births	Life expectancy at birth	Labor force (% of total force)	Politics (% of high-level posts)
United States	7	80	45.8	26
Sweden	3	83	48	43
Japan	3	85	41.3	Negligible
Ethiopia	106	44	40.9	5
[illegible]	161	44	NA	Participati starting a press tim

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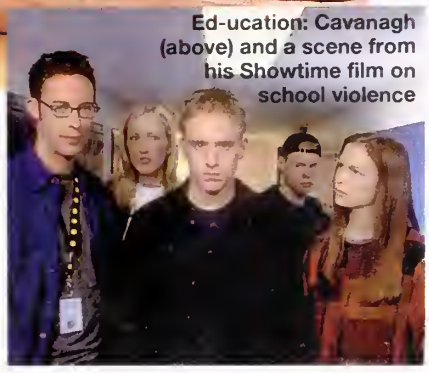
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This month with . . . Tom Cavanagh

He's best known as Ed Stevens, the endearing bowling-alley lawyer of fictional Stuckeyville, Ohio, on NBC's critically acclaimed dramedy *Ed*. But this month, actor Tom Cavanagh takes on the role of a drama teacher in the Showtime movie *Bang, Bang, You're Dead*, a true-to-life look at the inner workings of school violence.



Ed-ucation: Cavanagh (above) and a scene from his Showtime film on school violence

The appeal of *Bang, Bang*: "When you read a script like this, you ask yourself, How many opportunities are you going to get to do something that might actually be worthwhile? Kids will say, 'Yeah, I see that every day in the hallways of my school.'"

Hopes for the movie: "That someone will say, 'This is why I shouldn't be trying to bring a gun into school.' 'This is why I should treat my fellow students with kindness and respect.' "

Being named one of *People*'s Most Eligible Bachelors: "That's what they call a slow day at *People*."

Whether his ideal mate would resemble Ed's love interest, Carol (Julie Bowen): "In my dreams . . . smart, intelligent, funny, beautiful. Yeah, I guess that would be okay."

Bowling in real life: "I'm not going on tour or anything."

If he'd live in Stuckeyville: "In a heartbeat. The idea of the nod hello on the streets, [not having] to lock the car door. . . . Porch swings, neighbors being neighborly—that stuff is wonderful."

the giving spirit



Back to school in Afghanistan

Nina Papadopoulos is a portrait in courage. She helps educate Afghan girls starved for learning after years of Taliban rule. But the real brave ones, she says, are the Afghan women who risked death to run secret schools in their homes and the teenagers who attended them. "It's humbling," says Papadopoulos, 31. "I learn so much from them every day." A native of Wheaton, Maryland, Papadopoulos has worked in Peshawar, along Pakistan's border with Afghanistan, for almost two years as coordinator for the International Rescue Committee's (IRC) program to educate Afghan refugee children. For Afghan women working in the program, going home is foremost in their minds. Papadopoulos plans to go with them: "I can't imagine being anywhere else." (Contact IRC at 877-733-8433.)

buzz . . .

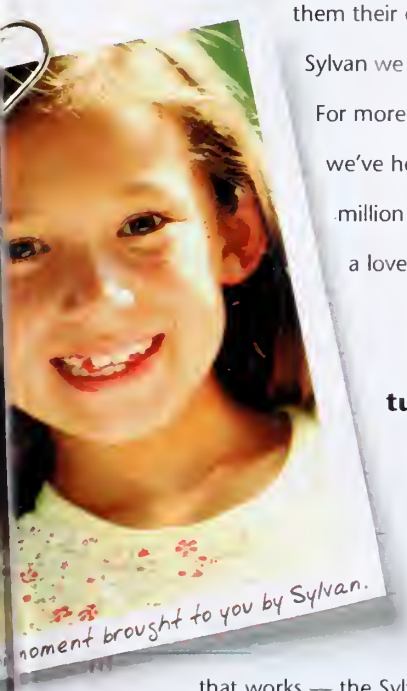


It's back. *E.T.*, the movie about the lovable bug-eyed alien that made a bonafide star of Drew Barrymore, is making a comeback this month in theaters nationwide. In honor of the Universal Studio film's 20th anniversary, its director, Steven Spielberg, has given the classic a digital makeover, complete with never-before-seen scenes. Here's just the vehicle for a happy nostalgia trip.

Reported by Jennifer Hoppe, Francesca Di Meglio, Meredith Perez and Ellen Wolfhorst

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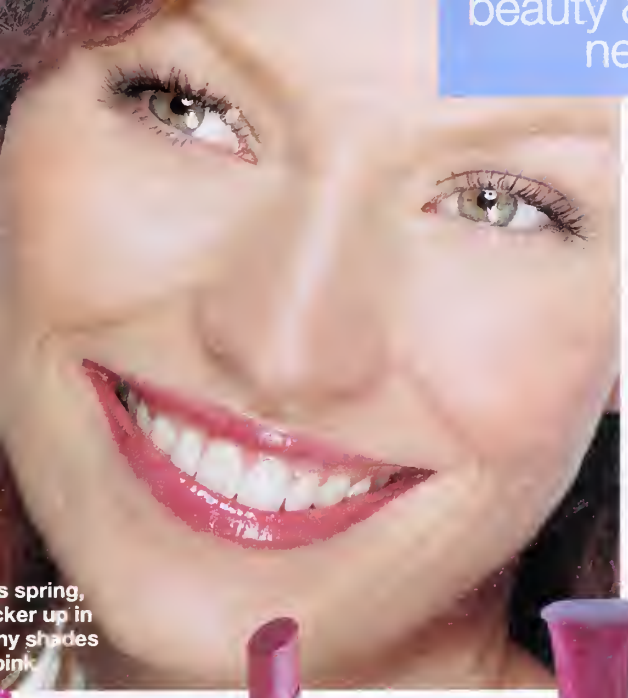
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s spring,
cker up in
ny shades
pink.

On trend

Shine on

If the last time you remember wearing lip gloss was junior high school, get ready for a back-to-the-future makeup treat. This spring, the slick look of gloss is in for day or night. The best shade to go glossy? Everyone looks pretty in pink. How-to: Fill in lips with your favorite pink lipliner and top with a gloss, suggests Cover Girl makeup artist BJ Gillian. Check out these newest formulas:

- Cover Girl LipSlicks in Princess ($3.10) has the nonsticky texture of a lipstick with the sheer coverage of a gloss.



Apply Revlon Skinlights Glosslights for lips in Amethyst ($8.95) over a berry-toned lipcolor to add a slight shimmer.



L'Oréal Glass Shine Lip Gloss in Glistening Pink ($8.25) leaves a super-shiny finish. Apply with your fingertip or a lip brush.



Slick on Mary Kay MK Signature Lip Gloss in Aloha Pink ($12; to order, 800-627-9529), a deep shade that adds color to pale lips. Aloe and vitamin E moisturize.



Fashion flash

Simply charming

What's all that jingling we're hearing? It's the sound of old-fashioned charm bracelets on newly fashionable wrists everywhere. The latest versions display charms made from your own memorabilia—photos, a swatch of lace, a petal—such as this one by WellsWare, $148; to order, *www.wellsware.com.*

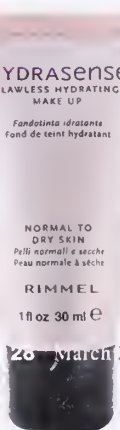


WellsWare custom-made bracelets keep family memories close at hand



CELEB PICK

Jenna Elfman protects her skin with **Christian Dior Capture Rides Multi-Action Wrinkle Cream with SPF 8** ($45). It contains plant proteins and an alpha-hydroxy acid to fight fine lines and wrinkles as well as grapeseed extract to neutralize skin-damaging free radicals.



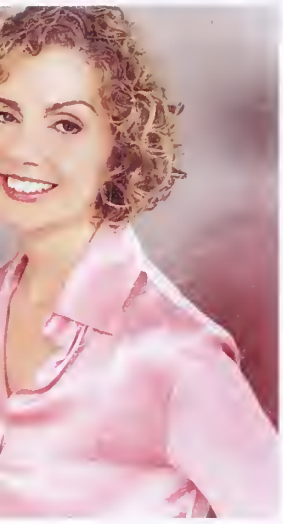
Bargain beauty Smooth on Rimmel Hydrasense Flawless Hydrating Make Up ($3.97, at Wal-Mart). The gel formula is packed with skin-loving floral ingredients such as sunflower-seed extract (moisturizer) and orchid-floral milk (antioxidant).



Candy treated herself to these Worthington striped pants and coral lab coat, both $40 each, and matching tee, $18. She considers it a sweet alternative to the pin stripe business suit. It's all about showing off your good taste.

"Help me, Carol"

Are unruly brows driving you wild? Do your nails peel and break? Read on for the easy solutions



Ladies' Home Journal's Beauty & Fitness Director, Carol Straley, offers insider solutions for your beauty concerns. Got a question? Send an e-mail to *helpmecarol@mdp.com*

Nail call: The right file for weak, soft nails

Q "I've tried every nail strengthener there is, but my nails still peel and break. Any advice?"

A Kathi Berson, spokesperson for Nail Tek, gave me some great tips. When you apply nail strengthener, brush it starting at the half-moon at the base of the nail, but don't get any on your cuticles as it may dry them out. Then swipe the brush under the nail tip, the weakest area, for extra protection. Berson also suggests using a crystal file. Ordinary emery boards have a coarse grit that can cause the edges of soft nails to separate. **Nail Tek's Crystal File** ($14.95) smooths and seals the edges while it shapes the nail. I have one, and I love it because it doesn't wear away like an emery board. Crystal files are also washable and said to last forever. To order, call 866-316-1188.

Apply concealer like a *makeup pro*

Q "My concealer always looks a little thick. How can I get more natural results?"

A Concealer goes on smoothly if you apply eye cream first and let it set a minute. If the undereye area is too dry, the concealer will sit on top of the skin. When I have time, I apply concealer with a concealer brush, such as **Shu Uemura's Nylon Brush #10** ($23; to order, 888-540-8181). All the makeup artists I know use a brush because it allows them to apply the product sparingly, a must for natural results. (If you don't want to invest in a brush, try **Almay's new Skin-Smoothing Concealer with Kinetin**, $7.95, with its own brush applicator.) Here's a blending trick from makeup artist Alison Raffaele, creator of **Skin Alison Raffaele True Concealer** ($22.50; for stores, go to *www.trueconcealer.com*): Apply thin dots of concealer under eyes and blend toward top of cheekbones to help concealer fade gradually. Then blend one or two more thin applications over the undereye area only. Add finishing powder, not pressed powder, which is too heavy for the eye area.





TAMING wayward brows

Q "My eyebrows stick up all the time. I have tried to tame them with Vaseline, but this doesn't seem to work. What do you suggest?"

A I happen to have a few unruly brow hairs myself, and this trimming trick I learned from Robyn Cosio, the eyebrow guru at the Peter Coppola Salon in New York City, really works for me. Cosio explains it in her new book, *The Eyebrow* (Regan Books), but here are the fine points. Using an eyebrow comb, sweep your brows upward and out toward the temples. This lets you single out any hairs that refuse to lay flat. Lift the wayward hair with the comb, then carefully snip it with a pair of small straight-edged scissors. For extra control, brush brows into place and then go over them with a clear brow gel or clear mascara.



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GRAPES

What they can do: Provide anti-aging protection by guarding against free radicals. **How it works:** Grapes contain polyphenols, natural antioxidants with anti-aging benefits. **Try:** Lancôme Vinéfit Cool Gel ($25)



HONEY

What it can do: Soothe and moisturize. **How it works:** Honey is a natural humectant, which makes it the perfect ingredient to help dry patches (honey-based products may be too rich for acne-prone skin). **Try:** Essential Elements Honey Body Polish ($28; to order, 800-908-4009)

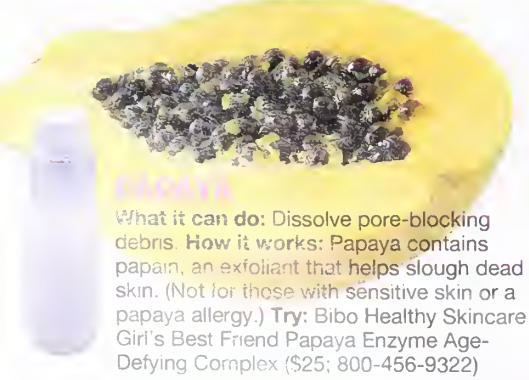
Foodie beauty

Strawberries, olive oil, honey . . . they make up your grocery list and now they're also ingredients in your skin-care routine. By Jessica Goldberg



TANGERINE

What it can do: Exfoliate skin. **How it works:** Products employ citrus ingredients because the acids help leave skin soft. **Try:** The Healing Garden Tangerinetheraphy Sunnysideup Body Cleanser ($6.75)



PAPAYA

What it can do: Dissolve pore-blocking debris. **How it works:** Papaya contains papain, an exfoliant that helps slough dead skin. (Not for those with sensitive skin or a papaya allergy.) **Try:** Bibo Healthy Skincare Girl's Best Friend Papaya Enzyme Age-Defying Complex ($25; 800-456-9322)



STRAWBERRY

What it can do: Calm redness and banish blotchiness. **How it works:** The antioxidants in strawberries may help even out a splotchy complexion. (Avoid if you're allergic to berries.) **Try:** Fresh Sugar Face Polish ($55; to order, 800-373-7420)



OLIVE OIL

What it can do: Moisturize skin to a silky, smooth finish. **How it works:** This natural oil is a good moisturizer, but it's best to use products containing olive oil only on arms and legs as they may clog facial pores. **Try:** The Body Shop Olive & Citrus Bath Oil ($14; 800-263-9746)

Consultants: Dermatologists Debra Luftman, M.D., of Los [illegible] and Rosemarie Ingleton, M.D., of New York City





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Leather Sofa $1299[1]



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Leather Sofa $1699[1]



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Pump up the volume The AirWonder by Wonderbra ($25) contains an inflatable pad and comes with its own pump, so you control how much cleavage you want.



Lighten up Designed especially for those who need full support, Shoulder Spa by Bali ($29) has gel-infused S-shaped straps that stay put, don't dig.



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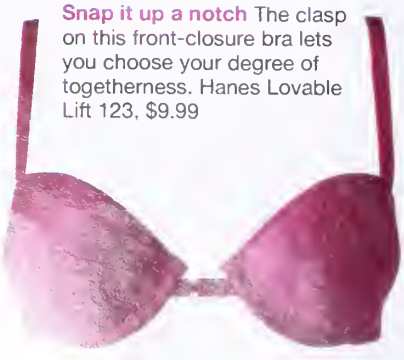
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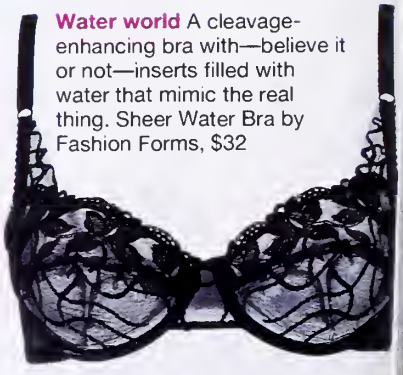
Outta sight This full-support seamless bra has clear, supple plastic straps that disappear under spaghetti straps, strapless and sheer fabrics. Strappies by Lily of France, $26



Snap it up a notch The clasp on this front-closure bra lets you choose your degree of togetherness. Hanes Lovable Lift 123, $9.99



Water world A cleavage-enhancing bra with—believe it or not—inserts filled with water that mimic the real thing. Sheer Water Bra by Fashion Forms, $32



Q:

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What was *I thinking*?

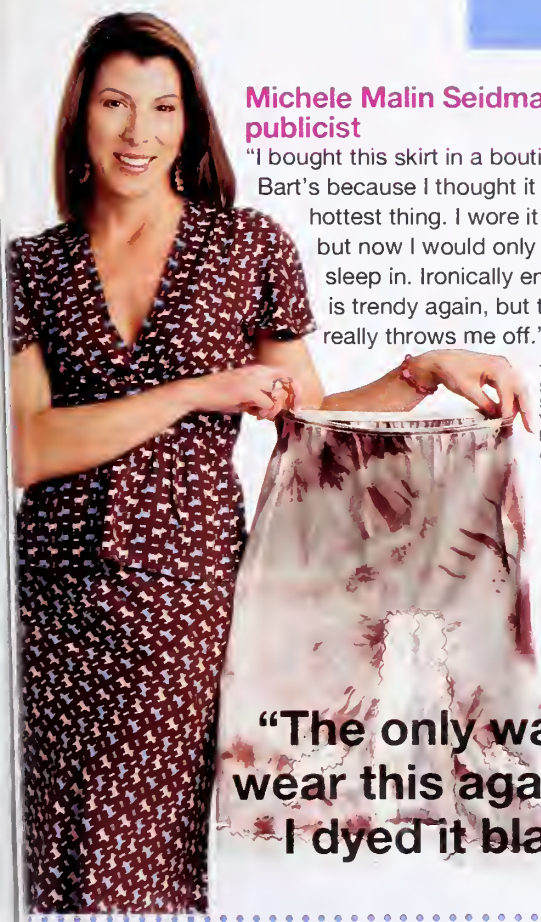
We all make mistakes, but when it's a fashion faux pas, at least you're guaranteed a good laugh years later. These women brought their mistakes out of hiding. **What wardrobe blunder is lurking in your closet?**



Eve Rosenzweig, 27, editorial assistant
"I bought this dress and planned to cut the neck and wear it off the shoulder with a wide belt, eighties style, but I really wasn't paying attention to the horrendous color. To make matters worse, I then discovered that the zigzag print actually spells out JAZZ. How tacky!"

BLAZER, MARC BY MARC JACOBS, $238. NECKLACE, A.V. MAX AT D.P. ACCESSORIES, $40. PANTS, ELIE TAHARI, $195

"I guess I subconsciously knew this was a mistake—after all, the tag is still attached"



Michele Malin Seidman, 35, publicist

"I bought this skirt in a boutique in St. Bart's because I thought it was the hottest thing. I wore it five times, but now I would only wear it to sleep in. Ironically enough, lace is trendy again, but the tie-dye really throws me off."

TOP AND SKIRT, SONIA TRUSSARDI SEPE. EARRINGS, YOCHI, $59. BRACELET, BEN AMUN, $16

"The only way I'd wear this again is if I dyed it black"



Jessica Alpert-Goldman, 27, handbag designer

"I was lured to this designer grass-print jacket by a big markdown. I should have known—there were several on the rack and no one else was interested. It never fit very well and clashes with everything I own. Even so, I won't throw it away, though I'm not sure why."

TOP, NECESSARY OBJECTS, $56. EARRINGS, BEN AMUN, $50

Billie Thomas, 42, registered nurse

I bought this sweater to wear to a tree-trimming party ears ago. I guess I thought it would be funny to dress up as an ornament instead of bringing one. I'd forgotten about it until recently, when I found it in the back of a drawer. I couldn't believe my eyes."



SHIRT, LAUNDRY BY SHELLI SEGAL, $165. PANTS, MOSSIMO AT TARGET, $21.99. NECKLACE, DIANA KANE AT YVETTE FRY



Sharon Maguire, 35, TV writer

"My 'bumblebee' dress was a find in Paris in 1985, when Madonna was first hitting the scene. I had all the accessories—headband, ankle socks—to go with it. I wore this all the time and thought I looked pretty cute. Now I realize it's one of the weirdest things I ever owned. I'm going to keep it for when I have kids, so they can play dress up."

TOP, BLUE PLATE, $44. PANTS, PARALLEL, $108. BELT, J.RANNI AT D.P. ACCESSORIES, $77. NECKLACE, LENORE SOLMO AT D.P. ACCESSORIES, $84

"Can I ever trust him again?"

September 11 made Jake realize how much he valued his marriage. But Allison couldn't forget his affair
By Margery D. Rosen



ALLISON'S TURN:

"As horrific as the terrorist attacks were, I take some solace in the fact that they helped my husband realize how close he had come to losing everything he loves," said 31-year-old Allison.

"One day last summer, I found a piece of paper in Jake's pants pocket as I was doing the wash. It was a note from a woman, raving about what a special night they'd just had. I nearly fainted right there. I called Jake at work—he's a manager at a steel-manufacturing plant just across the river from Manhattan—and told him to come right home. From the tone of my voice, he knew I'd found out he'd been with someone else, yet even as he apologized, he had the nerve to tell me it was no big deal. 'Just a one-time fling,' he kept saying. His words of remorse seemed so hollow, I just didn't believe them.

"In eight years of marriage, we've had our problems, but I never imagined infidelity would be one of them. I need to figure out what went wrong—and why. I'm just [illegible]. Jake thinks it's possible [illegible] and move on. 'Can't you get over it already?' he asks. Well, no, I can't. He makes me feel that I'm wrong for being so angry. Until recently, he hadn't even been interested in going to counseling. Then came September eleventh, and everything changed.

"As I watched the news on TV, Jake called to say that he was going to help with the rescue efforts. I didn't hear from him for almost eighteen hours, and though I was sick with worry, I kept calm for the sake of our seven-year-old twins, Megan and Amber. At last, Jake walked in the door at around four A.M., covered in ash. Holding me close, he said he loved me and was sorry for hurting me. But how do I know he means it? How can I trust him again?

"I found a note from another woman in the pocket of Jake's pants"

"The stress in our marriage, coupled with the grief over what's happened to our country, is overwhelming. Some days, I go into a frenzy of mothering just to keep busy—baking cookies, sewing costumes for the class play. Other times, I barely have the energy to get out of bed.

"Though I'm furious at Jake, I hate making scenes, so I walk on eggshells. Jake and I *(continued)*



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PURE**SKIN**THERAPY

have never been that great at communicating. In arguments, he becomes loud and insistent, and I can never win.

"Sappy as it sounds, I once believed Jake and I were meant for each other. We met through his sister Stacy, who used to be a co-worker of mine. I thought he was adorable, funny and a real gentleman, and I just knew he was the one. I wanted my marriage to be just as happy as my parents'; I think they've had all of two fights in their thirty-three years together.

"Jake and I had a huge wedding; I'm an only child, but he has a big extended family. We moved to a place not far from my parents. We didn't expect to have children right away, but we were delighted when I became pregnant with twins. Fortunately, Jake's job supports us very nicely, so I can stay home to raise the girls. I thought we were a terrific team. Now I feel like a fool. I don't see how I can make love to a man when I don't believe he really loves me.

"Jake told me he slept with the other woman because he was looking for some excitement in his life. Does he expect fireworks every day? He likes to think of himself as spontaneous; I'd call it impractical. He'll announce on Friday morning, 'The airfares are low; let's go to California for the weekend!' Of course, I'd love to—we used to take little last-minute trips when we were dating—but when I have to run the school book fair and take the girls to soccer matches, I can't just drop everything. He makes me feel like a wet blanket just for fulfilling my responsibilities as a mom. When I say no, Jake sulks.

"I keep asking myself what I did wrong. I haven't asked Jake for the specifics of this fling, yet there's a part of me that wants to know every detail—what she looks like, who made the first move. I still check every pocket and phone bill for evidence I don't want to find. While I'm glad that Jake seems to be serious about repairing our marriage, the damage has been done, and I don't think we can ever go back."

JAKE'S TURN:

"I'm a different person now from the one I was on September tenth, and I wis could make Allison understand that," said Jake 31. "I've told her how sorry I am th cheated on her, but she keeps obsess about it. Why can't we move on?

"It was a stupid, stupid mistake, I'll never repeat. I was feeling trapp both at work and at home. One nigh after going bowling with my friends we stopped for a drink, and this sexy lady at the bar flirted with me. I adn I didn't resist much, and I wound up sleeping with her. She sent me a not at work the next day, and like an idi I put it in my pocket and forgot to throw it away.

"But everything's different now. Going to Ground Zero was a reality check. My blood froze when I saw t first tower being hit. Some of the older guys in my plant helped build the World Trade Center, and we all



1997 1998 1999

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now it sounds lame, but I didn't
to hurt Allison. It's just that I've
eeling so separated from her.
rdly ever have sex, and I don't
sense that she loves me the



"I admit I didn't resist much, but it was a stupid mistake"

way she once did. Allie is so wrapped up in the girls and all her committees that there's no time for us to do anything spontaneous anymore.

"I have wonderful memories of throwing a few clothes in the car and driving to New England just because we felt like it. When we were dating, we were always on the go. I know we can't be as carefree now, but do we have to act like old fogies? Is it such a big deal to go to Atlantic City for a couple of days? Allison looks at me like I'm a moron for even mentioning it.

"I thought I'd always have time for fun. I had a happy, if chaotic, childhood. I'm the youngest of five, raised by a divorced mother who worked a variety of jobs to support us. We didn't have much, but I never felt deprived. We moved around the country each time Mom needed a new job, so I had to deal with a lot of change growing up. Now, of course, I see what I missed. I want my kids to have stability and roots.

"After high school, I joined the Army for two years. When I got out, I took a job at the same factory where one of my brothers worked. I'd occasionally drop by my sister Stacy's office, and that's *(continued)*



2000 2001

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es a et al., The FASEB Journal 15 (4):A623, 2001. For many dieters, weight loss is temporary. Weight Watchers
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(continued) how I met Allison. I knew from day one that we'd get married. There was something so loving about her, and until recently, she was a terrific listener. She made me feel like a better person.

"Allison thinks I yell too much, but that's just the way my family talks. It doesn't mean I don't love her.

"Riding toward lower Manhattan the day after that terrible morning, I saw all these people cheering the firefighters and police. The outpouring of love from New Yorkers was overwhelming. It gave me a sense of hope about a lot of things in this world. I'd like to think there's hope for Allison and me, too."

THE COUNSELOR'S TURN:

"Every tragedy reminds us of life's fragility, but the terrorist attacks were a catalyst for Jake and Allison," said the counselor. They realized they needed therapy in order to renew the strength of their marriage.

"Though their relationship was solid at heart, the affair caught both of them off guard. I felt sure that once this issue was addressed, the rest would fall into place, and that short-term therapy would set them on the right road within a few months.

"Like many victims of infidelity, Allison found that her fears spun out of control as she tried to make sense of what had happened. Much as she wanted to save her marriage, she despaired of ever being able to love a man who had hurt her so deeply.

"However, I suspected that Allison's inability to assert herself might have contributed to the distance between them. As an only child with loving parents who never fought, she'd had little practice with disagreements. As an adult, she avoided conflict entirely. So instead of challenging Jake when he was angry or made unreasonable demands, she bent over backward to please him. Over time, he lost respect for her.

"'Let Jake see your outrage,' I told Allison. 'Make it clear that he caused you pain and that you won't tolerate anything like that again. Jake, in turn, had to be patient and [illegible] Allison's [illegible] to truly feel.

"Jake and Allison needed short-term therapy to renew their marriage"

and show, remorse for the pain he'd caused.

"As Allison began to speak out, Jake began to listen to her. 'Now I'm starting to feel I can trust him when he says he'll never cheat again,' she said.

"Jake needed to examine his discontent and why he automatically assumed that Allison, and his marriage, were the source of it.

"The upheaval of the cross-country moves he'd experienced as a child made Jake expect life to be full of change, but this is hard to sustain in a romantic relationship. It was certainly not wrong of him to want excitement in his marriage. Still, he had to realize that compromises had to be made.

"What's more, both Allison and Jake had unwittingly begun to take their marriage for granted. 'If the spark has gone out of your marriage, it may be because you're not lighting it,' I told them. 'You both must work to make it happen.' This could mean anything from holding hands to snowboarding.

"Allison and Jake began to make small changes that had a big impact. Instead of announcing unrealistic travel plans, Jake now makes a reasonable suggestion, and together they see if it's feasible. Recently, they went away for a long weekend.



"I also suggested that Allison make a list of small things that Jake could do to make her feel loved, appreciated and secure—gestures like calling if he was going to be late. This injected new energy into their marriage. Allison found it easier to be intimate with him, as well as to begin to forgive his infidelity.

"As Jake said during one of our last sessions: 'We realize now, more than ever, how lucky we are to have this marriage—and how right we were to fight for it.'" ■

"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on information from the files of Susan Demosthenous, a marital and family psychotherapist in Merrick, New York. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation. For more stories of couples in crisis, go to the Love Channel of *www.lhj.com* and click on "Can This Marriage Be Saved?"

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The new macho

Today's ideal man is tough outside, sensitive inside

In remarks after September's terrorist attacks, President George W. Bush, his voice filled with emotion, said, "I'm a loving guy," even as he fiercely vowed to avenge the "evildoers." We understood and applauded because nowadays, women want their men firm and fearless but also soft and sensitive. "I think it's a very human ideal, a balancing of the so-called feminine and masculine principles, where men and women are able to call on their internal fortitude and innate gentleness," says author Susan Faludi (see Q&A, page 46). Tears are no longer taboo; indeed, in a recent installment of *Spiderman*, the superhero broke down and wept when he saw firsthand the devastation at the World Trade Center. The bottom line: We want our men to be tough as nails and warm as toast.

"You're a great newsman Dan, but you're also a human being." *—David Letterman to Dan Rather, after the CBS anchor apologized for crying on* Late Night *on September 17*



Macho hall of fame

These roles capture the grit *and* the grace



Tom Hanks in *Saving Private Ryan*



Harrison Ford as Indiana Jones



David James Elliot in CBS' *JAG*



the WB's *Angel*





John Mahoney in NBC's *Frasier*

Who's your favorite hero?

28% say it's their spouse/ significant other

10% say it's George W. Bush

21% say Tom Hanks is their favorite movie hero (tied with Mel Gibson)

4% say Tom Cruise is *their* movie hero

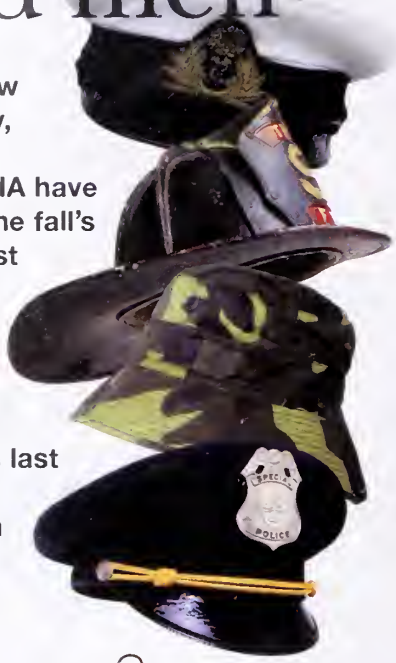


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"Hey! There's Yogurt in there."



A few good men



Actually, *legions* of them now want to serve their country, be it in the Army, Navy or National Guard; even the FBI and CIA have reported surges in inquiries since the fall's terrorist attacks. But guys aren't just gung ho for military action. The international group Doctors Without Borders, for example, has seen a significant increase in applications, and the Peace Corps received more than 20,000 inquiries last fall—an 18 percent jump over the same period in the previous year. In both cases, roughly half of the inquiries came from men.

What about **your** man?

"He's already pretty tender—he cries watching *E.R.*—but he could stand to be more tough when disciplining the kids is concerned. I hate being the bad guy!"

—Kerri Brown, 41, Langhome, Pennsylvania

My husband is a police officer, and I've seen him jump into dangerous situations to keep me and my son out of harm's way. Tough and loving—I have the best of both.

—Mari Velar, 41, Tampa, Florida

He cleans, he cooks and he surprises me with presents under my pillow. He makes my heart swell. He is the best husband he can possibly be."

—Tami Romano, 34, Providence, Rhode Island

Q&A
Having it both ways



LHJ asked Susan Faludi, the writer who identified the backlash against feminism and author, most recently, of *Stiffed: The Betrayal of the American Male* (HarperCollins, 1999), about the new macho man.

Why have women embraced this ideal now?

In the last decade, there's been a lame attempt to pump up the idea that the dot-com, get-rich-quick guys were the last word in virility. The far more longstanding ethic of American manhood has been one in which men prove their masculinity—and their humanity—by being useful to society.

Do we find it easier to accept a man being tender than a woman being tough?

Yes. There's certainly a double standard. In the sea of stories on heroic firemen, how many did we read about the many, many heroic women—social workers, psychiatric nurses and, yes, firefighters—who also worked around the clock?

TRY A LITTLE TENDERNESS

When a man shows us his soft side, we now hail him as sensitive. These tough guys have all shed tears in public without losing any of their manliness, integrity or, in some cases, swagger.

power politicians



Rudy Giuliani

the news brothers



Tom Brokaw | Dan Rather

sweet talkers



Jon Stewart | David Letterman

—*Reported by Paula Ch*

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"I don't want my wife to die"

How does a husband cope when his 32-year-old wife is fighting for her life?

By Brendan Halpin



Rowen, Kirsten and me today, overjoyed to be together

I have noticed that the stuff written about men in my situation usually takes up only a line or two in the cancer books: "This is a tough time for him, too." So maybe there is some room for my story. I begin this on October 7, 2000. Tomorrow is Kirsten's and my sixth anniversary. Our daughter, Rowen, is almost 4.

Kirsten, 32, had painful lumps in her right breast. A year earlier, she'd had an ultrasound for some other lumps and was told that they were nothing. So she waited until her annual checkup in August to get the lumps checked again, at which time her doctor recommended another ultrasound. It came back inconclusive, so she underwent a mammogram and a needle biopsy. Here's where the story starts to get scary.

I am a teacher at a small charter high school in Boston. The Wednesday after the biopsy, I am out buying supplies and don't feel my pager vibrating in my pocket. Only later, in the faculty room, do I get a message from the office manager: "Your lovely wife has been trying to reach you. She is at the hospital." If they called her to the hospital to hear the results, this can only mean bad news. I call the hospital number then home—no answer either

"I have cancer," says Kirsten. I hold her while she cries

one. Now I am on the verge of tears.

And then I see her through the glass door. Kirsten has come to school to find me. "I have cancer," she says. I hold her while she cries. "I'm so scared. I don't want to die."

"You won't," I tell her. "You won't."

Of course, I am already worried about her dying, too. As I reassure her, it is just in my hypochondriac nature to assume the worst.

The plan, Kirsten explains, is for her to have a mastectomy, then a little radiation, a little chemo, and boom, she's better. But first, she needs a bone scan and a CAT scan to make sure the cancer hasn't spread.

The scans show a spot on her spine. More tests are needed. Her oncologist, Maryann, says that if the spot is cancerous, then the mastectomy is off, because cancer in the actual breast never kills anybody; it's only when it gets out that it kills you.

I decide to go for the big question. "So if this is metastatic," I say, "is that a death sentence?"

I have prepared whole meals in less time than it takes her to answer. "Well," she says, "there are some very special patients—I mean, we are talking about the Louis Armstrong of cancer patients—who respond very well to treatment and can live relatively normal lives for years." This analogy annoys me somehow. Couldn't she say that Michael Jordan or the Pedro Martinez of cancer patients?

Somehow I manage to come away from this conversation with the idea that Kirsten could live 10 years. I figure if 10, why not 20 or 30? I feel optimistic. Sort of. *(continue*

"Synvisc can be a great approach to osteoarthritis knee pain relief."

Nancy Lopez–Hall of Fame Professional Golfer and Synvisc Patient

sc is a novel treatment for osteoarthritis knee pain. Synvisc is an FDA-approved ›y that has already been administered to million knees in the U.S.

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YNVISC®
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a knee pain specialist...or ask your doctor for a referral.

is generally well tolerated; however, it may not work for everyone. The most commonly reported cts are temporary pain, swelling, and/or fluid accumulation in the injected knee (about 2% of injections). cumulation is large or painful, call your doctor. Other side effects, such as rash, have been reported dvise your doctor if you are allergic to chicken products or your leg is swollen or infected. The results use have not been established.

therapy is usually covered by most medical plans, including Medicare. If you have questions about coverage, please see additional information on the next page.

nvisc.com **Please see additional important Patient Information on the next page.**

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SYNVISC®
HYLAN G-F 20

BRIEF SUMMARY OF PRESCRIBING INFORMATION
This Summary describes Synvisc, a prescription formulation of hylan G-F 20 for knee pain due to osteoarthritis. Please read it carefully. Only your doctor has the training necessary to weigh the benefits and risks of Synvisc therapy for you. Contact your doctor if you have any questions.

WHAT IS SYNVISC?
Synvisc is a viscous and elastic sterile mixture that is made up of hylan A fluid, hylan B gel, and salt water. The two hylans are manufactured from hyaluronan (sodium hyaluronate) that comes from chicken combs. Hyaluronan is a natural chemical found in the body and is present in a particularly high amount in joint tissues and in the fluid that fills the joint. The body's own hyaluronan acts like a lubricant and a shock absorber in the joint, and is needed for the joint to operate properly. In osteoarthritis, there may not be enough hyaluronan, and there may be a change in the quality of the hyaluronan in joint fluid and tissues. Synvisc has comparable viscous and elastic properties to synovial fluid of 18- to 27-year-old healthy human knees. Synvisc is given by a series of injections directly into your knee.

WHAT IS SYNVISC USED FOR?
Synvisc is used to relieve knee pain due to osteoarthritis. It is used for patients who do not get adequate relief from simple painkillers or from exercise and physical therapy. The most pain relief and the greatest amount of treatment success occurred 8 to 12 weeks after Synvisc treatment began.

HOW CAN I GET MORE INFORMATION ABOUT SYNVISC?
If you have any questions or would like to find out more about Synvisc, you may call Wyeth-Ayerst Pharmaceuticals, at 1-800-99-WYETH.

CONTRAINDICATIONS
- Do not administer to patients with known hypersensitivity (allergy) to hyaluronan (sodium hyaluronate) preparations.
- Do not inject Synvisc in the knees of patients having knee joint infections or skin diseases or infections in the area of the injection site.

WARNINGS
- Do not concomitantly use disinfectants containing quaternary ammonium salts for skin preparation because hyaluronan can precipitate in their presence.
- Do not inject Synvisc extra-articularly, or into the synovial tissues and capsule. Local and systemic adverse events, generally in the area of the injection, have occurred following extra-articular injection of Synvisc.
- Intravascular injections of Synvisc may cause systemic adverse events.

PRECAUTIONS
General
- The effectiveness of a single treatment cycle of less than three injections of Synvisc has not been established.
- The safety and effectiveness of Synvisc in locations other than the knee and for conditions other than osteoarthritis have not been established.
- Do not inject anesthetics or other medications into the knee joint during Synvisc therapy. Such medications may dilute Synvisc and affect its safety and effectiveness.
- Use caution when injecting Synvisc into patients who are allergic to avian proteins, feathers, and egg products.
- The safety and effectiveness of Synvisc in severely inflamed knee joints have not been established.
- Strict aseptic administration technique must be followed.
- STERILE CONTENTS. The syringe is intended for single use. The contents of the syringe must be used immediately after its packaging is opened. Discard any unused Synvisc.
- Do not use Synvisc if package is opened or damaged. Store in original packaging (protected from light) at room temperature below 86°F (30°C). DO NOT FREEZE.
- Remove synovial fluid or effusion before each Synvisc injection.
- Synvisc should be used with caution when there is evidence of lymphatic or venous stasis in that leg.

Information for Patients
- Provide patients with a copy of the Patient Labeling prior to use.
- Transient pain, swelling, and/or effusion of the injected joint may occur after intra-articular injection of Synvisc. In some cases, the effusions may be considerable and cause pronounced pain; cases where swelling is extensive should be discussed with the physician.
- As with any invasive joint procedure, it is recommended that the patient avoid any strenuous activities or prolonged weight-bearing activities such as jogging or tennis following the intra-articular injection.
- The safety and effectiveness of repeat treatment cycles of Synvisc have not been established.
- The packaging of this product contains dry natural rubber latex.

Use in Specific Populations
- **Pregnancy:** The safety and effectiveness of Synvisc have not been established in pregnant women.
- **Nursing mothers:** It is not known if Synvisc is excreted in human milk. The safety and effectiveness of Synvisc have not been established in lactating women.
- The safety and effectiveness of Synvisc have not been established in children.

ADVERSE EVENTS
Adverse Events Involving the Injected Joint
Clinical Trials
A total of 511 patients (559 knees) received 1771 injections in seven clinical trials of Synvisc. There were 39 reports in 37 patients (2.2% of injections, 7.2% of patients) of knee pain and/or swelling after these injections. Ten patients (10 knees) were treated with arthrocentesis and removal of joint effusion. Two additional patients (two knees) received treatment with intra-articular steroids. Two patients (two knees) received NSAIDs. One of these patients also received arthrocentesis. One patient was treated with arthroscopy. The remaining patients with adverse events localized to the knee received no treatment or only analgesics.
Postmarket Experience
The most common adverse events reported have been pain, swelling and/or effusion involving the injected knee. In some cases, the effusion was considerable and caused pronounced pain. In some instances, patients have presented with knees that were tender, warm and red. It is important to rule out infection or crystalline arthropathies in such cases. Synovial fluid aspirates of varying volumes have revealed a range of cell counts, from very few to over 50,000 cells/mm³. Reported treatments have included symptomatic therapy (e.g., rest, ice, heat, elevation, simple analgesics and NSAIDs) and/or arthrocentesis. ... articular corticosteroids have been used when infection was exc... Patients have rarely undergone arthroscopy or other procedures. Re... generally abate within a few days. Clinical benefit from treatmen... still occur after such reactions.
Intra-articular infections did not occur in any of the clinical trials ... have been reported only rarely during clinical use of Synvisc.
Other Adverse Events
Clinical Trials
In three concurrently controlled clinical trials with a total of 112 p... who received Synvisc and 110 patients who received either salir... arthrocentesis, there were no statistically significant differences ... numbers or types of adverse events between the group of patier... received Synvisc and the group that received control treatments.
Systemic adverse events occurred in 10 (2.0%) of the Synvisc-tr... patients. There was one case each of rash (thorax and back) and ... ing of the skin following Synvisc injections in these studies. Thes... symptoms did not recur when these patients received additional ... Synvisc injections. The remaining generalized adverse events re... were calf cramps, hemorrhoid problems, ankle edema, muscle p... tonsillitis with nausea, tachyarrhythmia, phlebitis with varicositie... low back sprain.
Postmarket Experience
Other adverse events reported include: rash, *hives*, itching, *fever*, ... *headache, dizziness, chills*, muscle cramps, *paresthesia*, penpheral ... *malaise, respiratory difficulties, flushing and facial swelling*. Ther... been rare reports of *thrombocytopenia* coincident with Synvisc ir... (Adverse events reported *only* in worldwide postmarketing expe... not seen in clinical trials, are considered more rare and are *itali...*

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Important information about insurance coverage for Synvisc treatments

Synvisc is usually covered by most insurance plans. Many require that your doctor stock Synvisc. If your doctor do... not stock Synvisc and he or she writes a Synvisc prescription for you, some insurance plans, including Medicare, ... not cover the cost. Therefore, it is recommended that you ask your doctor if his or her office stocks Synvisc. Proced... vary from policy to policy, so please check with your doctor and/or your insurer. If you have additional questions a... insurance coverage, please contact the Synvisc Reimbursement Hot Line at 1-800-982-8292. This toll-free numbe... be accessed between 9:00 AM and 6:00 PM, Eastern Time, Monday through Friday.

FIRST PERSON
Continued

Junk food, Johnny Cash and romance

When we first get the news, I joke that I can't decide between alcoholism and overeating as a coping strategy. I do ramp up my alcohol consumption, though just to one drink a night. But if my drinking is under control, my eating is not. I have been making an effort for quite some time to lay off the sweets, but now that goes out the window. I am straining the 34-inch waist of the pants I wore just a month ago.

I start thinking of all the things I can buy to make the situation better. "I'll get a CD burner to make you CDs to listen to during your chemo," I tell Kirsten. "Do you think you might like a Game Boy? Maybe we should get a new computer." Kirsten nixes most of this stuff, but I feel that if I could buy something, I could gain some kind of control.

I do buy two CDs—one of Johnny Cash and one of the Carter Family—that prove incredibly helpful. The songs are about death, jilted lovers and death, and Jesus and death. It's very close-to-the-bone kind of stuff that really sp... to me during this time. You would t... I'd want to listen to something a ... more cheery, but the live versio... "Folsom Prison Blues" is abou... cheery as I can stand right now.

At some point during the ir... weeks, Kirsten turns to me and ... "Are you going to have an affai... have nothing to say except, "No. ... on earth would you say that?"

Of course, having an affair is p... bly the furthest thing from my ... She follows up with, "They say ... of men do." What kind of jack...

around on their wives at a time like this? What do they
k marriage is if they can't support their wives when
're fighting for their lives?
Well, it only takes a few days before I understand the
asses a little better. While I am not about to have an
ir, I do think about how it would be nice to have
ething in my life that was just easy and fun. Right
, everything is really hard, and even the fun stuff
ns to have a cloud over it.
or the first time, I am hiding huge chunks of my emo-
al life from Kirsten. I am worried all the time, I am in-
ibly sad, I am terrified of losing her, but I have to be
ive at home, because in order for her to believe that she
eat this disease, *I* have to believe it. And I do. But there
whole other side of my life that I must now conceal.
fter the next round of tests, Maryann tells us that
ten has stage four breast cancer. Even I know that
four is pretty damn terrible news.
andard chemotherapy is still one of our options, but
ann also tells us about a more aggressive, though
oversial, treatment. It involves, like, 10 times the usu-
se of chemotherapy, which completely destroys your
me system, so they have to suck out your immune-
ng stem cells beforehand, freeze them and reinject
afterward. In addition to the heinous side effects,
en would have to spend a month in the hospital, and
ildren under 6 are allowed to visit.
s is hard to take. I can't imagine what Rowen is go-
be like if she can't see her mom for a month. And
s Kirsten going to fight for her life without Rowen's
o encourage her?
In no longer absorb what Maryann is talking about,
ist look at her and think about how attractive she is.
f you needed further confirmation that men, includ-
e, are jackasses, I swear I sat there thinking about
oxy my wife's oncologist was. (Pretty damn foxy, in
ou were wondering.)
meet with the doctor who runs the treatment, whom
l Dr. J. She says 60 percent of patients in this pro-
xperience a complete remission. Basically, the side
are horrific, but for a shorter period of time. With
ndard treatment, the ordeal is less nightmarish, but
on longer. Our minds are made up. Dr. J attends
itarian church, and she is a spiritual person. I feel
bout having her in charge.
after these meetings, I feel this powerful need to
ing-dead movies. Actually, I have gotten this urge
cally in the past, but every time I did, Kirsten
say, "No *way* are we renting that." This week,
I will not be denied. We watch the zombie films
ugh as body parts are hacked off left and right,
ourts and bad acting rules.
pose it doesn't take Sigmund Freud to figure out that
a laugh as a disembodied head bites somebody in the
s really about trying to defy the death *(continued)*



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(continued) that is menacing Kirsten. Whatever the case, I find these movies immensely more comforting than films with quotes on the box that say "wise, witty and wonderful."

We both go bald

The first few days of chemo, done on an outpatient basis, are a comparative breeze. It is no fun—Kirsten gets really tired—but it is not an oh-my-God-she's-so-sick-the-cure-is-as-bad-as-the-disease kind of thing.

As news of Kirsten's illness gets around, notes from friends and family start pouring in. Everyone with a child Rowen's age offers to help take care of her. Friends take me out for beers. Members of our church come to our house every week to clean, and we have a list of people to call in case of an emergency. In our time of need, we are suddenly surrounded by love.

And yet I can't help feeling petulant and resentful. I have to take care of Kirsten and Rowen, but who's taking care of me? Who cares that I keep waking up every two hours, giving me less than five hours of sleep before working a nine-hour day? Who gives me a hug when I'm scared in the middle of the night? I also feel guilty about feeling petulant and resentful. I am not 4 years old, and I don't have cancer.

I am terrified of losing Kirsten, but I have to be positive at home for her sake

"My hair is falling out in clumps," Kirsten tells me on the phone one day at work. "We're shaving tonight."

When I get home, I attack Kirsten's head with the clippers, thinking, You don't know what love is until you shave your wife bald. I meant it when I said "in sickness and in health," but I kind of thought that meant I'd buy her [illegible] she had a cold and [illegible] about her arthritis when she was 80. I never thought it meant shaving her head while she fights for her life at 32.



Clockwise from right: Kirsten and Rowen in 1999; us in happier times; and together with Kirsten's family, a week before her diagnosis



Then we start on me; I decided long ago that once Kirsten's hair fell out, I would shave my head as a sign of solidarity. It's really not that bad. I have felt different from everybody else for weeks, and now I have a visible sign of this. For some strange reason, that feels good. The kids at school make fun of me, but once they hear why I did it, the girls go, "Awww . . . " and the boys give me manly affirmations.

During these weeks, Rowen and I spend a lot of time together. I really enjoy her company. We hang out and play or go grocery shopping. One day we spend an hour at the Children's Museum laughing and making little mountains out of shaving cream and food coloring. It is one of those moments of perfect happiness that makes me misty-eyed when I talk about it, and that I will probably talk about when she is 16, while she rolls her eyes and yanks the car keys out of my hands.

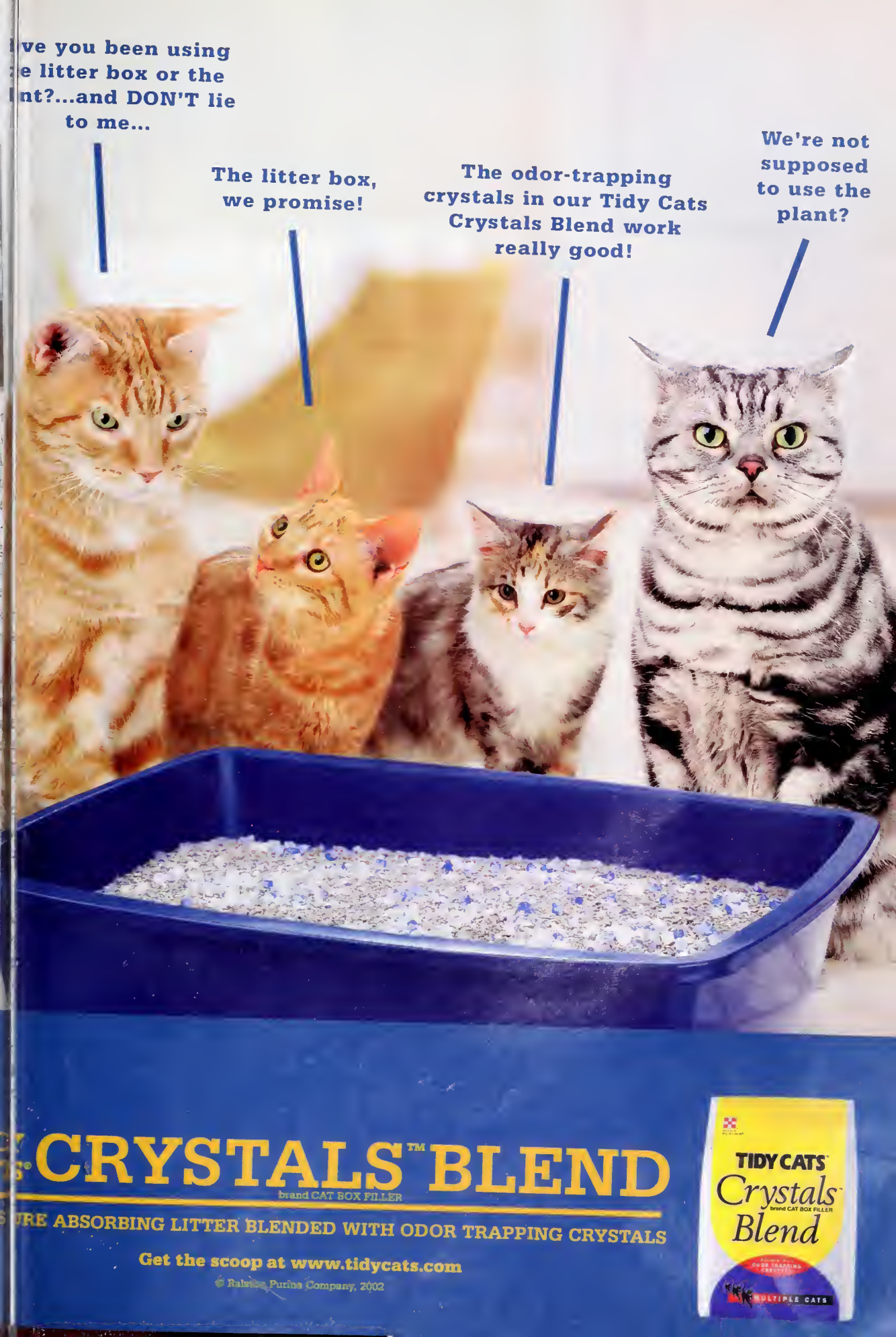
Christmas in the bubble room

Kirsten enters the hospital the week after Thanksgiving, where she stays secluded in a sterile "bubble room." To visit her, I have to scrub up and wear rubber gloves. I can't kiss her on the lips. She gets progressively worse as the doctors give her stronger and stronger drugs. She has never been sick from the cancer, but now the medicine is literally killing her. And then, thanks to the stem-cell transplant, she will come back to life. So she won't die from the disease that's not making her sick. This whole thing is so incredibly bizarre.

Some days Kirsten is really sleepy, and I hold her hand for a while. One day we have a hilarious time because she is high on Ativan, an antinausea drug, and I am high on lack of sleep and caffeine. Mostly I just miss her. I am not used to being able to see her for only 45 minutes a day. Kirsten and I have not been separated like this since our junior year in college. I have no idea who I am without her.

For the first couple of days Kirsten is away, Rowen cries a few times, but she bounces back pretty quickly and acts mostly like her normal self. Still, she refuses to talk to Kirsten on the phone, and she never wants me to tell Kirsten anything that happens at home. I guess she wants to be able to tell her mom everything herself when she returns.

Rowen and I spend Christmas Day with Kirsten's parents. I have convinced myself that I didn't care that the *(continued on page 12*


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Money mistakes you can't afford to make now

In tough times, it's more important than ever to protect your financial future. Here's how to avoid the five most common money errors women make By Andrea Rock



1 Putting your own financial needs last

Many women today face a double financial trap: funding their kids' college educations and saving for their own retirement. Most women put their children's education first. Bad move, experts say. While it's important to save for your children's education, there is more college financial aid available today than ever before [illegible] visit [illegible] or [illegible] Because [illegible] only half the [illegible] pension and [illegible] saving for retirement [illegible] before you [illegible]

"The best thing you can do for your family is to be financially strong yourself so that you don't run out of money halfway through retirement," says Ginger Applegarth, a financial planner in Boston and author of *Wake Up and Smell the Money* (Viking Penguin, 1999).

Start by contributing the maximum amount possible to a 401(k) or other employer-sponsored retirement plan. If you aren't eligible for such a plan, contribute as much as you can to an [illegible]idual Retirement [illegible] (IRA). For 2002, [illegible]ible amount [illegible] from $2,000 to [illegible] under [illegible]

2 Failing to pay off your credit-card debt

The average American carries a credit-card balance of more than $8,400. Thanks to steep rates—typically 14 or 15 percent—they end up paying more than $1,000 a year in interest alone.

Most consumers pay just the minimum monthly payments on their credit-card bills. That means it takes them years to pay off the balance and puts them deeply in debt, say experts.

To reduce your credit-card debt, limit the number of cards you use to just one or two. Shop around for a card with a low interest rate and no annual fee. (The Web sites *AmericasLowestRates.com* and *Bankrate.com* list credit cards with the best rates.) Pay your credit-card balance in full whenever possible—or, at the least, pay more than the minimum balance each month.

3 Cashing out your 401(k) when you leave your job

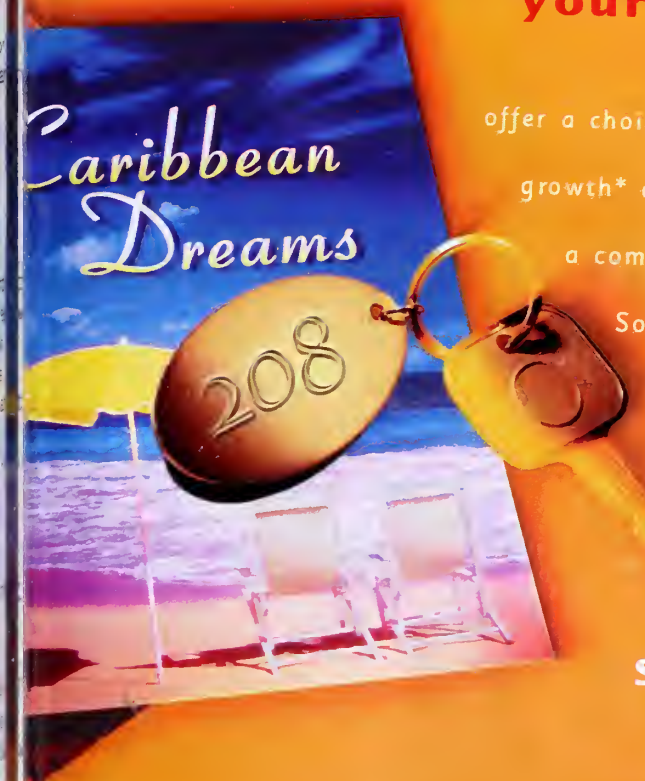
The majority of Americans cash out their 401(k) balances when they change jobs rather than rolling over the money into another retirement account, according to a recent study conducted by Hewitt Associates, a management consulting firm. "Women tend to do this even more than men because they *(continued*

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are more likely to leave the workforce temporarily when they have children," says Cindy Hounsell, executive director of the Women's Institute for a Secure Retirement, a nonprofit organization in Washington, D.C. As a result, women often leave a job at a point when they have only a modest amount built up in their 401(k), and the lower the balance, the more likely they are to cash out. The Hewitt study revealed that more than 80 percent of employees cash out when balances are $3,500 or less, and more than 30 percent take the money and run even when they have substantial balances of up to $25,000. "Too often, women in their twenties or thirties look at the lump sum in their plan and decide retirement is a long way off, so they'll just put it toward paying bills or a down payment on a car."

Spending the amount you have in a retirement plan, rather than reinvesting it, shortchanges you in two ways. First, if you're under age 59½, you'll pay an early-withdrawal penalty plus income tax on the money. Second, in the long term you lose even more because you forfeit the tax-deferred compounding of 401(k) earnings. For instance, with an average 8 percent annual interest rate over 30 years, a $5,000 balance would grow to more than $50,000.

"Too often, women in their twenties and thirties decide retirement is a long way off" and cash out the balances in their 401(k)

You'll have the greatest flexibility in your investment choices if you roll over your balance into an IRA. You can also typically transfer the money to a new employer's plan.

4 Letting flexible expenses drain your budget

"It's not the four-hundred-dollar car-repair bill that destroys your good intentions to set aside more money for savings, but those smaller amounts that you spend on such things as clothing, lunches out duri the workweek, even dry cleaning," says Ruth Hayden, a financial consultant and author of *How to Turn Your Money Life Around: Th Money Book for Women* (Health Communications, Inc., 1992). "Yo checkbook is like a colander, and y can't figure out where the money went, which is both emotionally a financially defeating."

Hayden recommends keeping separate checking accounts for necessary expenditures such as mortgage and car payments, and o for flexible expenditures, such as clothing and entertainment. When money in the flexible-expenditures account runs out, so does your



ending. And use cash instead of edit cards for flexible expenses. When people use cash, they spend out one third less than they would herwise," says Hayden.

5 Being unprepared for worst-case scenarios

ere are two types of insurance that vital for women, whether they rk outside the home or not: life urance if they have dependents, and ability insurance.

Even if you have a life-insurance icy provided by your employer, wise to have a supplemental icy so that if you're laid off or nge jobs, you continue to have erage regardless of your health us, advises Robin Sherwood, a ncial planner with Westbrook ancial Advisers, in New Canaan, necticut. The total amount of erage you need depends on the of your dependents and your style. If you died, how much ld it cost to cover your family's tgage, living, child-care and education expenses? The most cost-effective type of policy for women in their 20s, 30s and 40s is term-life insurance, which pays a specified benefit if you die. Reliaquote (*www.reliaquote.com*) provides the lowest quotes on several types of insurance policies offered.

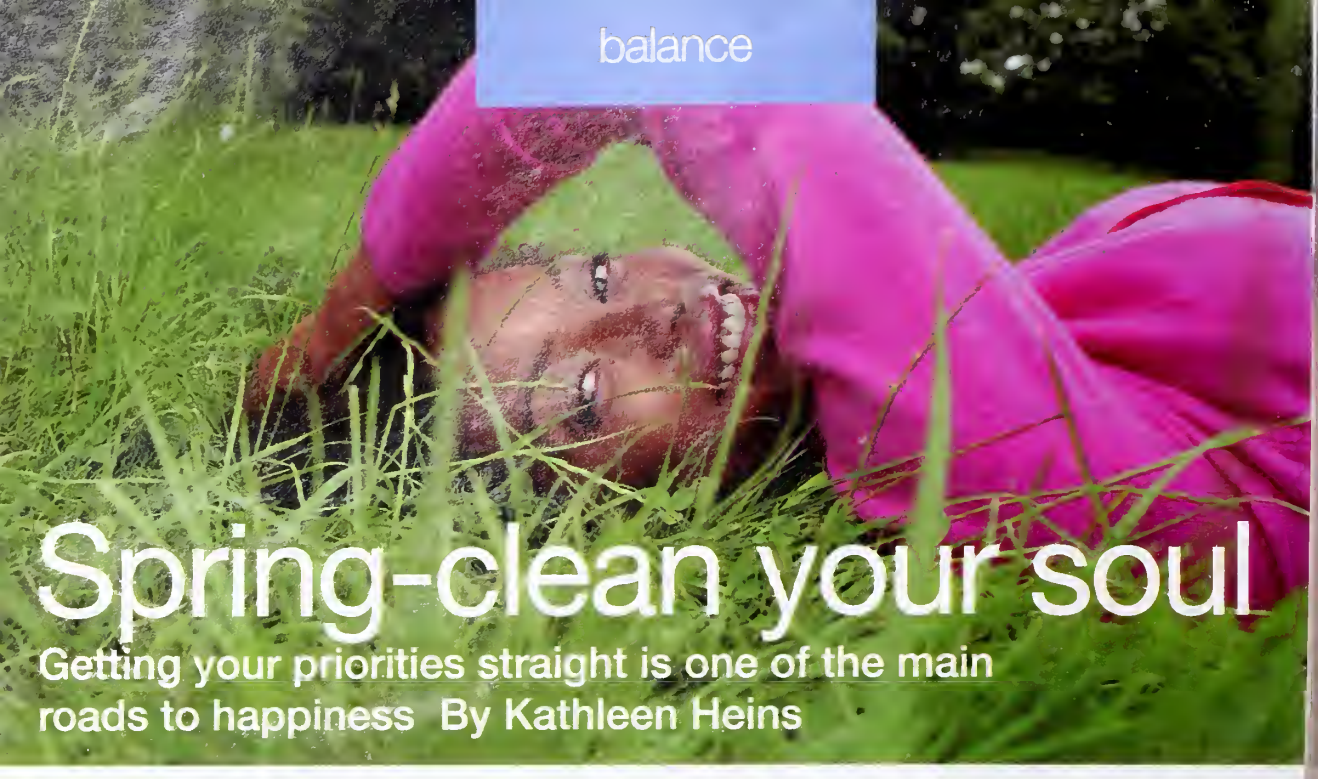
The two types of insurance that are vital for women, whether they work outside the home or not: life insurance and disability insurance

It's even more important to have disability insurance because the odds of a 35-year-old woman being unable to work for at least three months due to an injury or illness are five times higher than are her odds of dying, according to the Social Security Administration. Even if you have disability insurance through your employer, you may need to supplement it with a policy of your own. Some employer-sponsored policies provide benefits for only a year or so, rather than through age 65. The premiums you'll pay depend on how much income the insurance must replace—policies typically cover about 60 percent of your earnings—but they can be less than $100 a month, says Ruth Hayden.

And, of course, it's vital to have an up-to-date will detailing how you want your assets disbursed and who you want to care for your children in the event of your death. "If you don't name a guardian for your children, the court will have to appoint someone," says Peg Eddy, a financial planner in San Diego. "This is an issue parents need to tackle now. Don't put it off." ■

Andrea Rock is a contributing editor of Ladies' Home Journal.





Spring-clean your soul

Getting your priorities straight is one of the main roads to happiness By Kathleen Heins

Each spring, we traditionally clean our closets, de-junk our drawers, even—if we're extremely brave—bring order to our basements. But how often do we give the same attention to our souls? It's not a strained analogy: Barbara H. Fiese, Ph.D., a professor and chair of psychology at Syracuse University, in New York, says it's vital to our well-being to periodically take stock of our lives and clear out the clutter that bogs us down. "We need to separate what's important from what we can do without," she says. "The key to happiness is finding a balance so that the things we enjoy aren't overwhelmed by those we don't." That trip to the dentist might be a necessary evil, but chances are at least a few other things you dread have piled [illegible] your schedule. Here are some ways to de-clutter your life for good.

Your [illegible]

De-cluttering [illegible] Whatever you [illegible] reactionary [illegible]

most women, this week you already have your book club on Monday night and a PTA meeting on Wednesday, not to mention the kids' commitments (more on that later). Now your friend is begging for your help with Thursday's church bake sale. Times like these, experts say, provide just the practice the overscheduled need. To simplify, it's imperative that you "take a really critical look at the number of hours you have available each week and stick to it," says Fiese.

Work responsibilities

Never mind that your inbox is overflowing. You have so many tasks you need to accomplish by 5 P.M. on Friday that you feel like the walls of your cubicle are closing in. To prevent work responsibilities from piling up in the first place, be honest when a co-worker approaches you with an assignment you'll struggle to accomplish on time. "Explain as briefly as possible, 'I can do it for you after I finish this other project,'" says Harriet Schechter, the self-proclaimed "Miracle Organizer" and author of *Conquering Chaos at Work: Strategies for Managing Disorganization and the People Who Cause It* (Fireside, 2000). "You'll be more in control if you don't promise the impossible." For a potentially overwhelming assignment, "work with a colleague and clearly outline which parts of the task will be her responsibility," suggests Fiese.

Your family's activities

Your kids are in Scouts, play soccer and take piano lessons to boot. Sure they're becoming well-rounded, but all that shuffling clutters your time, too. Fiese suggests talking to them about which activities they enjoy most and helping them choose no more than two. "There may be some initial resistance, but in the long run you'll have children who are less stressed and more focused on the things they really enjoy," she says. The bonus: you'll have more unscheduled time together.

Finally, just like you wipe a dusty table, you'll need to do some maintenance work on your spring-cleaned soul. Every so often, when you feel the clutter creeping back, take time to reprioritize. ■


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Teens too soon

Young girls today are growing up fast—and the consequences are disturbing By Carol Lynn Mithers

At a birthday party, a group of girls has gathered to celebrate. All are in high spirits, teasing each other and giggling uncontrollably. Then the cake comes out. Slowly, smiles dim and heads begin to shake. "None for me," say several guests. "I'm on a diet. I really need to lose some weight." The girls are only [illegible].

At a nearby elementary school, a second-grade [illegible] journals [illegible] keep stops [illegible] have sex with Ricky Martin," one 8-year-old has written. The teacher would be shocked, but she's read entries like this before.

Recently, experts have been warning that our daughters are showing physical signs of puberty at an earlier age. While that claim is hotly debated, few dispute the fact that they are growing up faster in other ways. In 2000, when the Girl Scouts Research Institute conducted interviews and held focus groups with several hundred 8- to 12-year-old girls, it found many who felt "pressured to behave more like teens rather than young girls." The study also noted that an increasing number are experiencing "developmental compression"—that is, growing more sophisticated at a younger age. This report and others like it, as well as conversations with girls themselves, suggest that our daughters have less of a chance to be children and are instead becoming, as the Girl Scouts dubbed them, "teens before their time."

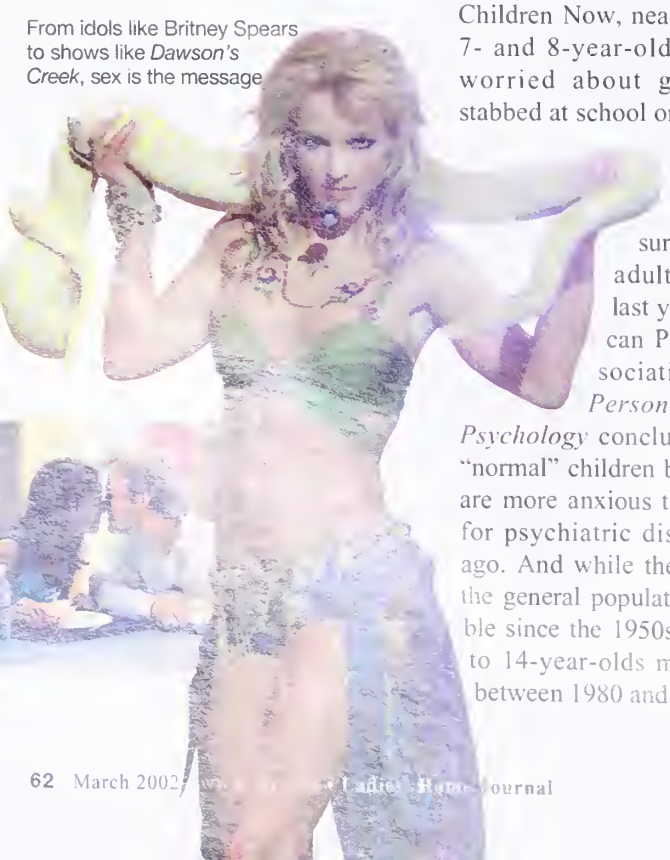
Little women

How are girls growing up fast? Sometimes in the most destructive ways. About 12 percent of eighth-graders (age 13) are *(continued)*


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(continued) regular smokers. Although experimenting with illicit drugs seems to have leveled off or even decreased among preteens, alcohol consumption remains alarmingly high. A University of Michigan survey of 44,000 students in 2001 found that nearly a quarter of the eighth-graders had used alcohol the previous year. According to the Department of Health and Human Services, more than 100,000 12- and 13-year-olds binge drink every month. Preteen sex is also on the rise. While sex rates among teens are dropping, that is not so for those under 15.

Thankfully, only a minority of preteens engage in such extreme behavior. But in more subtle ways, "developmental compression" is everywhere. Preadolescents are facing the kind of pressures and hard facts of life that earlier generations didn't confront until much later. Homework now begins in kindergarten, and children as young as 6 face the rigors of standardized tests. "My daughters' teachers were talking to them about preparing for college



From idols like Britney Spears to shows like *Dawson's Creek*, sex is the message

before they were out of elementary school," says Lee, 42, a psychologist and mother of two who lives in New York City. Preteens also know firsthand about divorce: Today, record numbers of children live with only one parent. Access to the media, including the Internet, has brought them up to speed on other social problems from date rape to homelessness to drug use. "There's a boy in my class whose baby cousins are living with him because they were taken away from their mom and dad," says Jenna, 8, who attends a middle-class elementary school in Cleveland. "The parents were using heroin." Even before the events of September 11, preteens were aware, and fearful, of violence: In a nationwide poll done for Children Now, nearly 51 percent of 7- and 8-year-old girls said they worried about getting shot or stabbed at school or home.

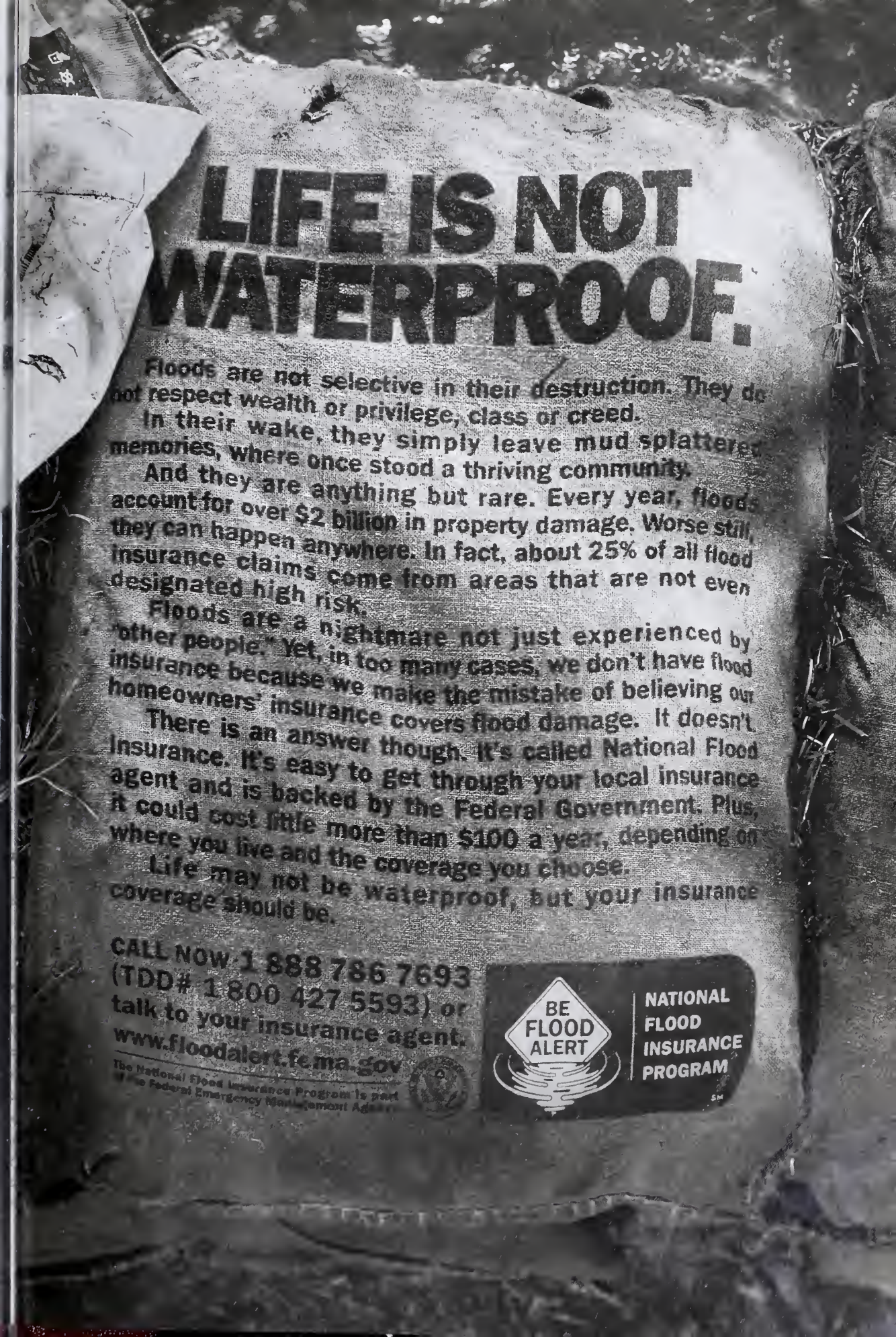
> Whether or not they're physically mature, girls under 12 see themselves as sexual beings—and with this comes other adult behavior

Our children are responding to these pressures in disturbingly adult ways. A report last year in the American Psychological Association's *Journal of Personality and Social Psychology* concluded that today's "normal" children between 9 and 17 are more anxious than those treated for psychiatric disorders 40 years ago. And while the suicide rate for the general population has been stable since the 1950s, the rate for 10- to 14-year-olds more than tripled between 1980 and 1992.

The junior feminine mystique

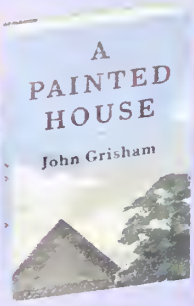
While premature worldliness affects both sexes, parents and developmental experts worry more about the early preoccupation with gender and sex among girls. Between 8 and 12, "girls should be children who feel they can do anything," says Catherine Weigel Foy, M.S.W., an associate director at the Family Institute at Northwestern University, in Evanston, Illinois, and a therapist for middle-school girls and their mothers. "This should be a time to discover who you are—to be active and courageous and to revel in achievement. Being a girl should be secondary to being, say, an athlete or a computer wizard."

But for many, being a girl comes first—and in the most stereotypical ways. "If you play hard, the popular girls say things like, 'Oh, you're so rough and pushy,'" says Erin, 10, a fifth-grader in Los Angeles. "Girls aren't supposed to do strenuous stuff. Girls draw flowers. Girls play with their nails or brush their hair." Lina, also 10, in New York, says: "You start worrying a lot about your looks by fifth grade. Whether your clothes are fashionable. Whether you're pretty." And because youngsters understand that society has strict physical definitions for prettiness, girls now anguish over their bodies at alarmingly young ages. "Being Britney Spears would be nice [because] you could wear a bikini without a big, fat tummy sticking out all over the place," a third-grader told the Girl Scouts researchers. "The ideal at my school is to have really small legs and a thin waist," says Erin. "If you don't, sometimes boys call you fat. A lot of girls in my class have dieting worries. We toured middle *(continued on page 67)*


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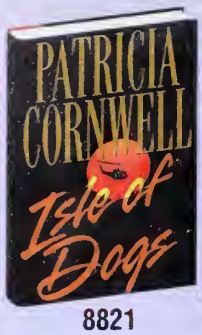
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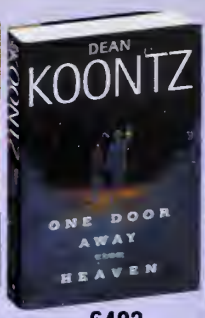
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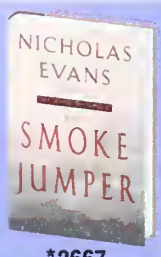


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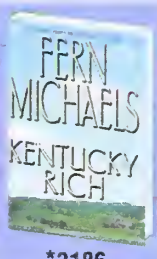




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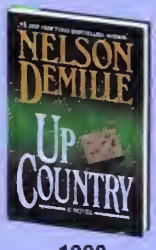
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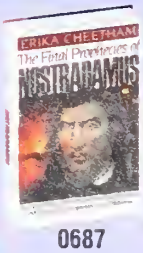
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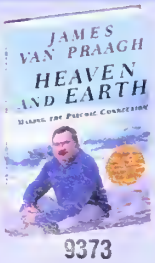
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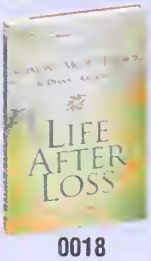
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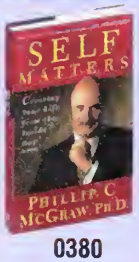
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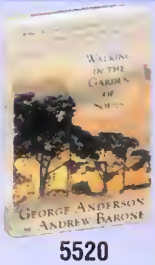
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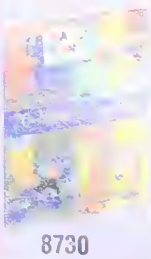
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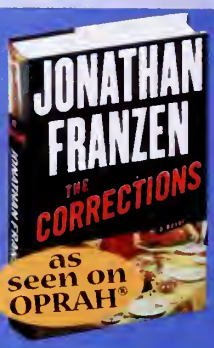

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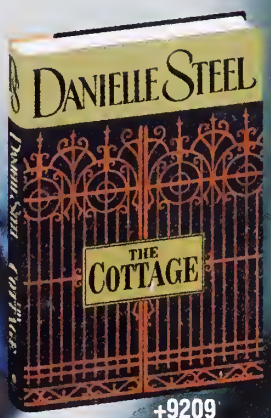
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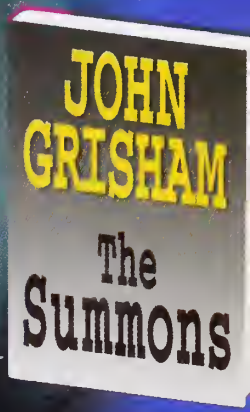
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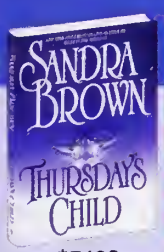
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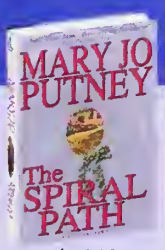
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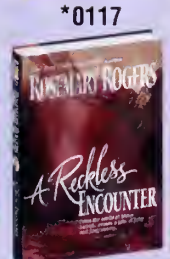
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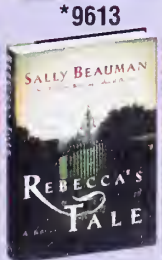
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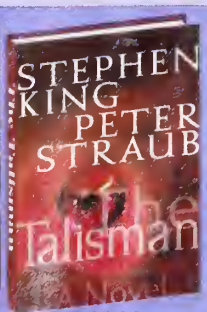
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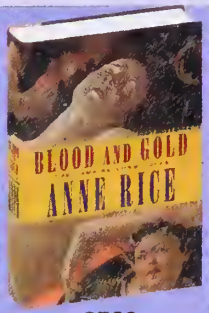
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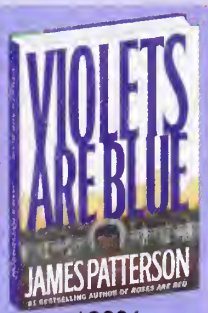
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ntinued from page 62

ool this year, and all the girls were ny."

Whether or not they're physically ure, girls under 12 increasingly see mselves as sexual beings. Preteen ss is often outright provocative—keskin-pattern pants, crop tops and t miniskirts have become standard e in stores catering to young girls. s hard to get my ten-year-old ghter to wear clothes I think are able for her age," says Christina, a single mother in Dallas. "What's there is too grown-up. Does she erstand these clothes are sexy as osed to just fashionable or popu- Yes."

ith this come-hither dressing es other adult behavior—romantic est in boys, awareness of sex, and g that begins as early as fourth fifth grades. "There are girls in lass who go to the movies with usually in a gang, where every- has their own partner," says sa, 11, of Alexandria, Virginia. y hold hands. Sometimes they The boys are always saying they sex. But I don't think they do." stina says she has urged her ter to have boys as friends, not iends, but to little avail: "Her s pass notes and call boys on the . They start talking like they're ar-olds. Sometimes I feel as if ving with a grown person in a body."

-forward culture

d wizards of our consumer so- now there's money to be made our precocious kids. Eight- to r-olds spend more than $50 bil- year of their own money and in- another $250 billion in family ng. Hence the marketing of sophisticated clothes and pre- smetics. Magazines aimed at girls are rife with sex and sexu- gery; leaf through one and find an ad with a model in an ouse (revealing a hint of naked clutching her inner thighs, and a feature on young male singers that shows them half naked.

On the entertainment front, PG-13 movies have become so raunchy that they are indistinguishable from R-rated ones. (Among the subjects mentioned in the 2001 PG-13 film *Saving Silverman*: masturbation.) Music videos offer a nonstop barrage of stereotypical sexual images—a male singer grabbing his crotch, a female writhing and grinding her pelvis. The plot of a popular TV show, *Dawson's Creek*, revolves around its teenage characters' sex lives, but it isn't the only show focusing on the bedroom. According to a recent study by the Henry J. Kaiser Family Foundation, some 10 percent of the TV characters who engaged in sexual intercourse were teenagers. "I'm not a prude, but I'm shocked at what's become the norm," says Marguerite, 40, a stay-at-home mother of four girls, ages 7, 9, 11 and 13, in Philadelphia. "On shows that air as early as 8 P.M., people meet, go out for coffee and end up in bed. When my daughters see sex treated so casually, they think that's the way it is. They don't have any idea of the complexity of sex."

Paying the cost

Certainly, learning about the world at a young age isn't all bad. But children can learn and process only so much, and they're overloaded to the point of burnout. According to the 2001 Nickelodeon/Yankelovich Youth Monitor Study, while 44 percent of 9- to 17-year-olds say making time to relax is very important to them, only 29 percent say they regularly do so.

The mad dash toward sexualization among preteens is even more worrisome. "At this age, they can't appreciate that we all have both male and female characteristics," says Catherine Weigel Foy. "They look at female pop icons, who are celebrated for their looks, bodies and dress, and conclude that this is what it means to be feminine." While girls who have intercourse are at great risk for pregnancy, even those who don't go all the *(continued)*



TEENS TOO SOON
Continued from page 67

way are vulnerable, since many believe that sexually transmitted diseases can't be spread through oral sex.

This same black-and-white thinking can push an image-conscious preteen into "a lifelong war with her body," says Mimi Nichter, Ph.D., assistant professor of anthropology at the University of Arizona, in Tucson, and author of *Fat Talk: What Girls and Their Parents Say About Dieting* (Harvard University Press, 2000). "In my experience, young girls talk about dieting far more than they actually do it. But they do exhibit pervasive dissatisfaction with their body shape. They have not developed the cognitive skills to think, 'I'm smart or pretty in my own way, even if I don't look like a fashion model,' or to realize that looks are no guarantee of happiness. And the longer you have negative thoughts about who you are, the harder it is to feel good about yourself." Obsessing about appearance can have deadly consequences, too. While large numbers of preteens may not suffer from eating disorders, the problem exists. In a recent advice column on the Girl Scouts Web site was an anguished poem from a 12-year-old anorexic. "You are nothing, you are worthless, you deserve to die!" she wrote. "I resign myself to shrinking until I disappear."

FIVE WAYS TO FIGHT BACK

1 CHALLENGE MEDIA MESSAGES that say looks are everything. "Teach your daughter to stop judging other women's bodies," says Joan Jacobs Brumberg, Ph.D., the Stephen H. Weiss Presidential Fellow at Cornell University, in Ithaca, New York, and author of *The Body Project* (Vintage Books, 1998). "Change your praise from 'How nice you look' to 'How smart you are' or 'How well you did that.' "

2 START SEX EDUCATION EARLY. Talking about sex won't lead children to have sex but will help them put it in context, says Nathalie Bartle, Ed.D, associate dean at MCP Hahnemann University, in Philadelphia, and author of *Venus in Blue Jeans* (Houghton Mifflin, 1998). Otherwise, "The lessons come from TV, movies and music in images that are disjointed and confusing."

3 STAY CONNECTED. As early as 8 or 9, a daughter may start confiding in friends more than in her mother. Some experts recommend that parents find other ways to maintain intimacy, like making yourself available while the two of you are alone in the car.

4 JUST SAY NO. Parents often think that setting boundaries and taking a stand will turn kids away. But in fact, the opposite is true. Don't be afraid to say, "You're not going to wear see-through clothes. Go ahead and have a tantrum. The answer's still 'no.' "

5 BE THERE. The preteens in the Girl Scouts study emphasized how important it was to know someone was there for them to listen and help.

—*C.L.M.*

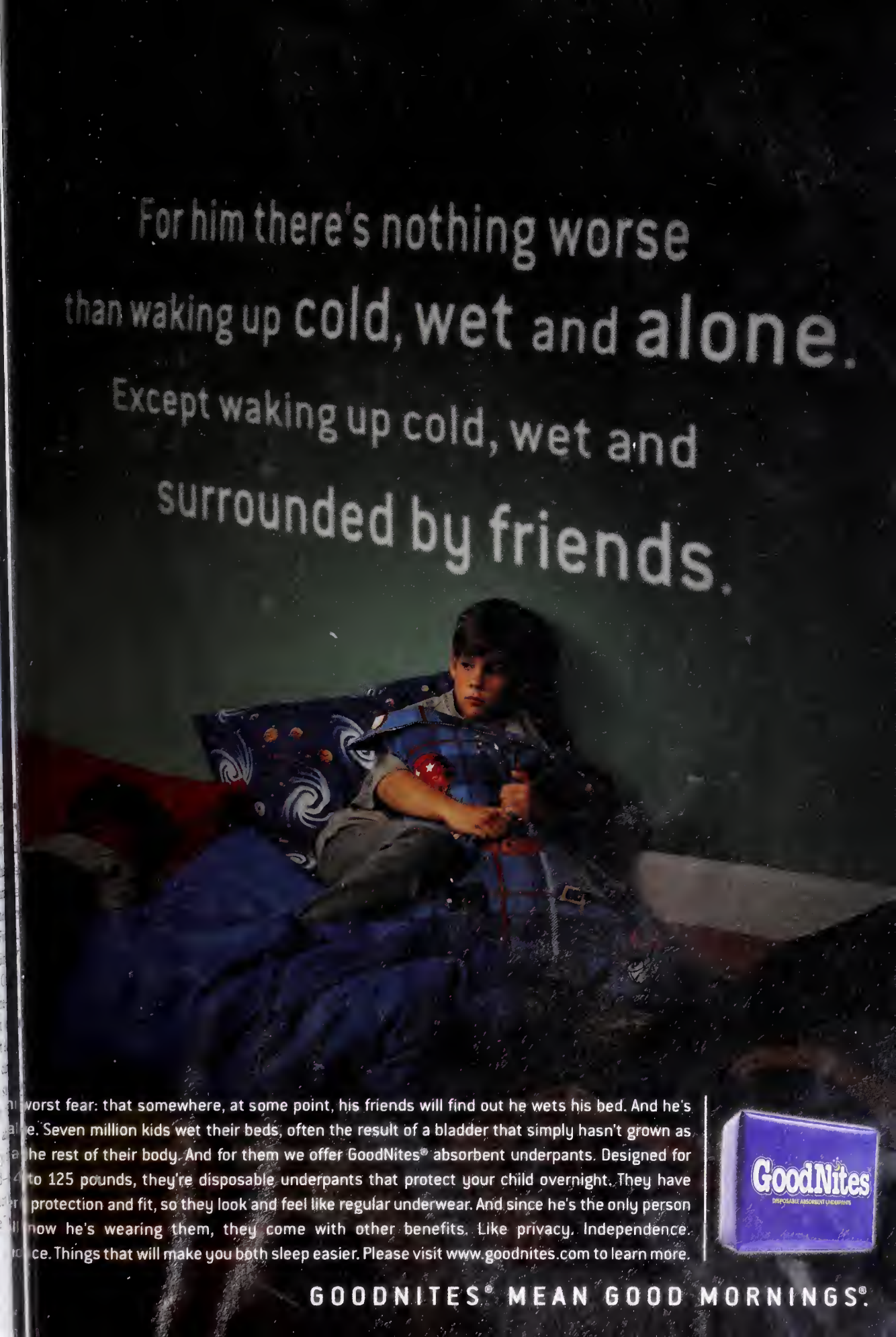
> Among young girls, dissatisfaction with their body shape is pervasive

Finally, girls who rush toward womanhood risk losing their sense of self. Harvard psychologist Carol Gilligan; therapist Mary Pipher, the author of *Reviving Ophelia*; Robert Putnam's Son[illegible] and Girls perts have point[illegible] a time when s[illegible] mets and girls b[illegible]

selves back for fear of being pushy and unpopular. When that fall comes at 9, a girl may spend a great deal of her adult years trying to reconnect with the more courageous, confident child she once was. "My oldest loved to dance when she was young," says Marguerite. "But at twelve, she set that passion aside and switched her focus from who she was to how she looked. Her friends, too—it made me so sad to watch all these bright, eager, gutsy girls giggling and blow-drying their hair all the time."

Growing down

[illegible] impossible to send our girls back to an earlier, more innocent era. And however tempting it is to try, we can't completely shut out the culture that so loudly urges them to grow up. Instead, parents need to help girls navigate their preteen years in a way that gives them some control over cultural pressures and helps preserve their sense of self and strength. [See "Five Ways to Fight Back, above.] Girls want to grow up, concludes the Girl Scouts study. But that takes time—and at the moment, time is what our girls don't have. "When you start elementary school, you're kind of carefree and you have fun," says 10-year-old Lina, a bit wistfully. "By fourth grade, you have worries about grades, boys and your body. By fifth grade, everything's changed—the way you feel, the way you act and look. You're not a kid anymore." ■



worst fear: that somewhere, at some point, his friends will find out he wets his bed. And he's e. Seven million kids wet their beds, often the result of a bladder that simply hasn't grown as he rest of their body. And for them we offer GoodNites® absorbent underpants. Designed for to 125 pounds, they're disposable underpants that protect your child overnight. They have protection and fit, so they look and feel like regular underwear. And since he's the only person now he's wearing them, they come with other benefits. Like privacy. Independence. ce. Things that will make you both sleep easier. Please visit www.goodnites.com to learn more.

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The gift of time

It took handing over my sons to their father every other weekend for me to discover what I needed to do for myself

By Laura Stavoe Harm



I was up for anything that got me out of the house, so when my next-door neighbors invited me to go kayaking on the river, I agreed. Yes, I knew white-water kayaking was a little extreme. I was a mother of young children after all, and now a single mother of young children. Fast-moving water could be dangerous. There would be rocks. But as they threw paddles, helmets and life vests into the back of their pickup, I climbed in the backseat.

There was nothing brave about it. Looking back, I think I chose to go kayaking the way others may choose a night of drinking: as a way to escape emotional pain.

Nothing compares to the ache of loneliness I felt when my 6-year-old twin sons first began spending nights at their father's two years ago. On his weekends with them I always had tons of work to do—my eighth-graders' papers to [illegible], weeds to pull, laundry [illegible]. During the week, [illegible] me, I'd collect long [illegible] had a moment to myself [illegible] the moment [illegible] peanut butter left [illegible] counter seemed [illegible] would wander [illegible] accomplishing [illegible] though life inside the house came to a standstill until the boys got back.

Only when it was time to watch for my ex-husband's truck to pull up the driveway would I open the blinds. I would pick up stray socks from the floor, screw the lid back on the jar of peanut butter. When my sons ran in the front door, I'd touch their hair, hold them to me. Life inside the house would begin again.

My depression and anxiety had no practical basis. I knew weekends with their father were good for my sons. Besides the fact that they enjoyed them, my ex-husband is incredibly attentive. For the first three months of the boys' lives, he stayed up all night just to make sure their lungs worked [illegible] time. I knew they wouldn't be [illegible] the mall on his watch. Nor [illegible] they stop breathing without his [illegible] This should've brought me peace of mind. But my heart rebelled against spending days and nights away from my boys. In fact, at the end of our marriage, the fear of my sons living in two houses was what pushed me to keep making appointments with the marriage counselor. In the end, even that fear couldn't keep us together.

Today, I look forward to my weekends apart from my sons, almost as much as I do their return. And it's not just because I accomplish more. True, I get to do some things mothers normally find difficult, like work for an extended period without interruption. Sometimes I can even start and finish a project like organizing the garage or at least a closet. But my time to myself has become valuable for so much more.

Kayaking on *(continued on page 7*


It doesn't go with breakfast.
It is breakfast.
PEPPERIDGE FARM
Never Have An Ordinary Day.™
PEPPERIDGE FARM
French Toast
SWIRL
Now
in Buttermilk

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"To Everything There is a Season"
—Featuring the art of Dona Gelsinger



Frames shown smaller than actual size of 6" wide x 7" high

Showcase [illegible] in our adorable [illegible] featuring the most precious [illegible] heaven. *Heaven's* [illegible] *Photo Frames* [illegible] art in delightful [illegible] each frame [illegible] angel with [illegible]

"All Things [illegible]

"To Everything [illegible] all the [illegible] angel could [illegible] gold and [illegible] lustrous ceramic [illegible]

inspirational message set in gleaming golden script—the ideal guardians to enhance any of your favorite photos or frameable memories.

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(continued from page 70) the river opened my eyes. When I climbed into the boat made for one that first day, I was scared. It's not easy to keep a kayak upright amid rocks and white, churning water. I was forced to pay attention. My best bet was to follow a more experienced boater and paddle hard. Each time a wave crashed over the bow, I'd lean into the spray and dig my paddle in. There was no time to be hesitant, no time to listen to fear. All there was to do was go forward.

When the calm water met me on the other side, something inside me had changed. It was as though all my anxious thoughts, on overload for years, had been washed away by the spray.

I began to spend one weekend day on the river when my sons were with their father. Soon something interesting started to happen. On the other weekend day, I began accomplishing things. I'd grade a set of my students' papers. I'd do a load of laundry. I still hurt—but it was as though the ache for my sons lifted just enough to let me move out from under it.

Today I know that what happened two summers ago, when faced with the loss of a marriage and what felt like the intermittent loss of my boys, was not that I learned to kayak or to escape, but that in the rubble of shattered dreams I discovered a bit of myself that I forgot existed. It wasn't the divorce that had taken that from me. It was something I gave up willingly when I first became a mother. Mothers of young children are always at risk of losing themselves, and to be honest, I [illegible] let my own voice slip away. I was so overwhelmed with love for my twin sons, I couldn't imagine needing anything else.

It took becoming a single mother to realize that I do. Certain things feed this reflective side of me—running in the foothills, reading poetry, paddling a river. All of these require time and space, which are not easy for mothers to find. I was given the opportunity whether I wanted it or not. I didn't realize how important it was to take it until I was at a crisis point.


What I've learned helps me love my boys, Gabe and Dylan, in a new way

Time to myself was something I gave up willingly when I first had my sons. It took becoming a single mother for me to realize how vital time is

A family friend tells a story of his mother, a woman from my grandmother's generation who had nine boys, among them two sets of twins. When the second set was born, the eighth and ninth of the clan, she sank into a deep depression. When the babies were still young and barely weaned, she hired a nanny and left her Midwestern home for a solo backpacking excursion in Glacier National Park, in Montana. As her son, one of those twins, relates the story, I hear pride in his voice. When I think of her alternatives—Valium, asylums, suicide—I think of what a gift she gave herself and her children. I can't imagine the social pressure she must have bucked in order to do something that may have saved them all. I do not know what this woman thought of back in the 1930s as she stared at the sun and the moon over the continental divide, but I'm certain it brought her closer to herself and to her sons.

Invariably, that is what happens to me. When I'm in my kayak, rising and falling with the waves, I feel connected to everything that I love. I feel the breath of my sons and hear my own heartbeat in the rhythm of the water. I don't have to think about what to do next.

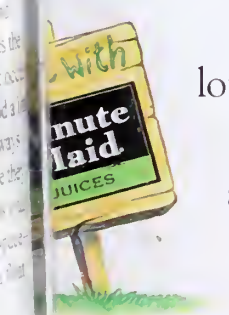
Some nights when my sons are tucked in their beds at their other home, I still feel lonely for them. The house just feels right when they are asleep in their bunk beds here. But now I feel right—more than I ever have before. It took becoming a mother to know how intense love could be. It took the absence of my sons for stretches of time to realize I had lost part of myself. Today, acknowledging more than just the mothering side of me helps me to lov my sons in a different way. It reminds me to nurture their reflective and independent sides, and it makes the long process of separation that occurs between infancy and adulthood a littl easier to bear. Today I can always love my sons no matter where they sleep, and because I know it's vital, I can find personal time and space—for a poem, a morning run, a float downriver in the sun. ■

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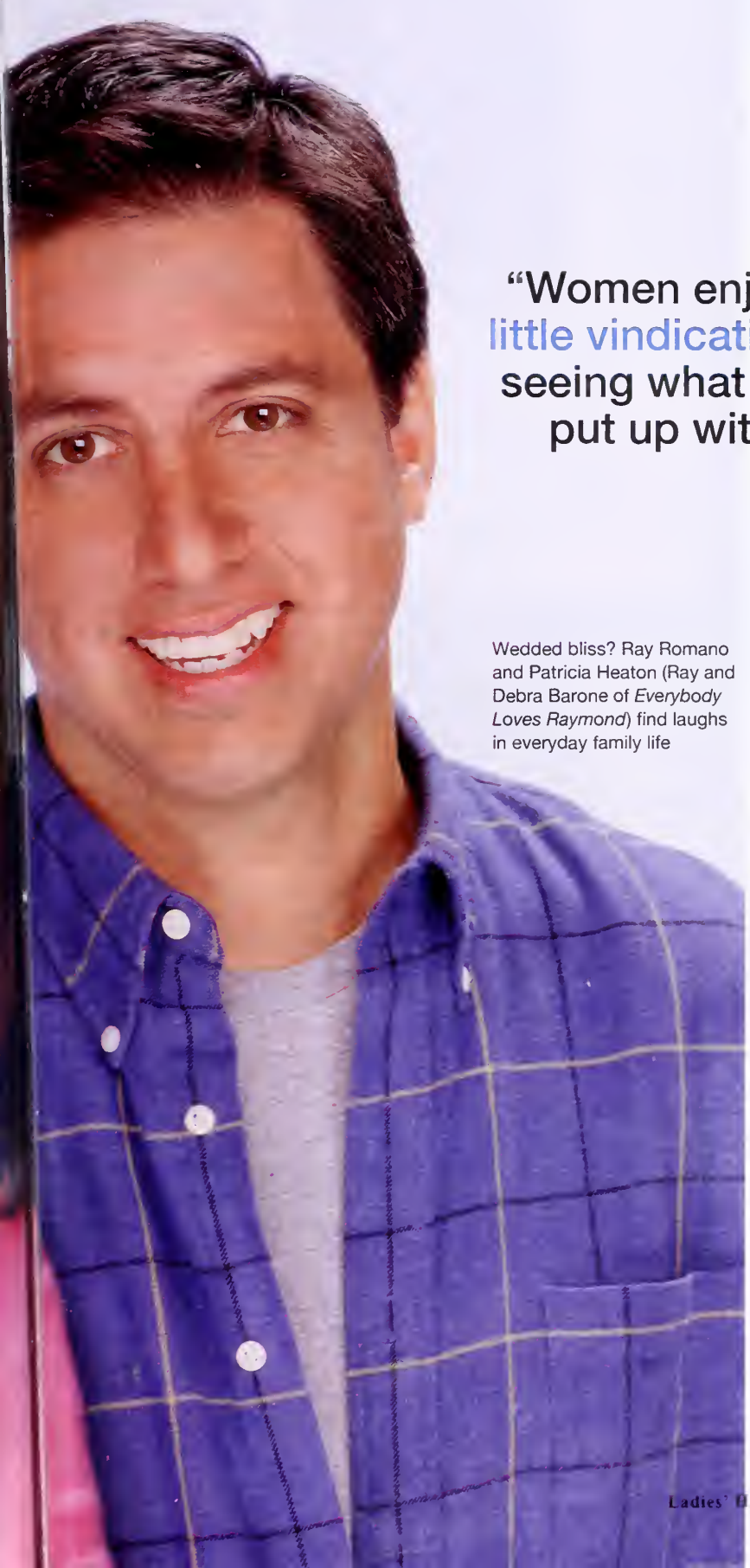
The Raymond report

An ideal husband? Not on his CBS hit. So why does everybody love him anyway? By Jim Brosseau



When Ray Romano tells LHJ that "ninety-nine percent [of his comedy] starts from something real that happened," you can almost see his mother, father and, most of all, his real-life wife of 14 years, Anna, squirming their way through each new episode of the CBS blockbuster *Everybody Loves Raymond*. A quibble with the in-laws, a quirk in the bedroom: The mundane fare that is everyday life in the Romano household—and in millions of others across the U.S.—more often than not gets written into the hilarious scripts of television's hottest comedy.

"My wife and I have conversations in the privacy of our own home where she's constantly telling me, 'I don't want you to dare talk about *that* in the writers' room,'" reports Romano, 44. "And I tell her, 'I *have* to if you want a bigger house or a bigger pool.'" CBS Raymonds have been building since Ray's co-star Patricia Heaton (Debra Barone)



Wedded bliss? Ray Romano and Patricia Heaton (Ray and Debra Barone of *Everybody Loves Raymond*) find laughs in everyday family life

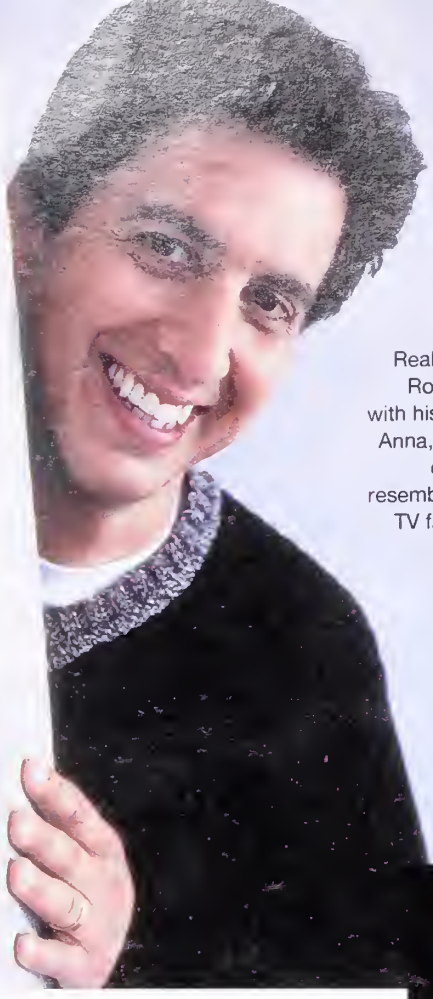
"Women enjoy a little vindication in seeing what they put up with"

as big as Washington, D.C.")

To be sure, the popularity of *Raymond*—now earning its highest ratings since its 1996 debut—translates into a far more comfortable life than Romano, the product of New York City's Queens section, could have hoped for on the salary he once earned as a bank teller. The celebrated "everyman" quality of Romano's show was partly acquired during the jobs he worked, including futon deliveryman, before becoming a stand-up comic.

Although Romano had met Anna Scarpulla, now 36, when they were co-workers at a Queens bank, they didn't begin dating until he moved on to the deliveryman's job. After their wedding in 1987, Ray began pursuing comedy in earnest. (His love of making people laugh dates back to high school, where he was a notorious practical joker.) A major break came in 1991 with his first appearance on the *Tonight* show. But it was after a 1994 routine on *The Late Show With David Letterman* that Letterman himself came up with the idea of a sitcom based on the home-front material Romano mined so deftly. Romano was teamed up with TV writer Philip Rosenthal, and eventually one of the more offbeat, if all too human, slices of American family life hit the airwaves.

Today, Ray, Anna, and their four children—a daughter, twin boys and a young son, ranging in age from 4 to 11—enjoy all the perks that come with being TV royalty in Los Angeles. Last year, he inked a two-year contract worth about $3 million per episode. (As he puts it, "When we want to go out to eat, we go out to eat.") So to Anna's laments about her personal life as home cooking for America's laugh hungry, Ray has said, "Go cry in a *(continued)*







Reality TV: Life for Romano, at right with his real-life wife, Anna, and their four children, often resembles that of his TV family, far right

Anna Romano can feel Debra Barone's pain, knowing that even sex isn't off-limits when a plot line is at stake



Romano and Anna on the town

(continued) bag of money."

It's the sort of cut-to-the-chase comment that has become a trademark of Ray Barone, Romano's perpetually put-upon TV character. A sports writer who, in the tradition of Ozzie Nelson, is rarely seen actually *earning* his living, Barone is more Mama's boy than ideal husband. But it is precisely his shortcomings that have made him so irresistible. Women, in particular, can relate to this bumbling, if mostly well-meaning, Hun of a husband. "Women find their husbands in Ray," says show creator Rosenthal. "I think they enjoy a little bit of vindication in seeing their lives and what they have to put up with on the TV screen."

Regular *Raymond* viewers know—all too well—the foibles that make the Barones the sort of clan that keep family therapists in business. What else would you expect from a story-[illegible] the youngest Barone family living directly across the street from the husband's meddling parents, played to overbearing perfection by Doris Roberts and Peter Boyle. At the center of this three-generation circus, which includes a sibling (Brad Garrett) who's jealous of Ray, as well as three kids left mostly to their mother's care, is Debra Barone, played by two-time Emmy-winner Heaton [see "Married with (lots of) children"]. She may be a stay-at-home mom, but there's nothing traditional in Debra's razor-sharp responses to her husband's Neanderthal ways. In one episode, she goes positively ballistic after learning that Ray has discussed details of their sex life with his buddies.

Anna Romano can feel Debra Barone's pain, knowing that even sex isn't off-limits when a plot line is at stake. As her husband says, "All's fair in love, war and comedy." It's one of the few things Ray Romano is not kidding about. "The most embarrassing thing I ever said about Anna for the sake of comedy was when I won a *TV Guide* award," he relates, his voice growing sheepish. "After my acceptance speech, I said, 'I want to thank my wife. It's her birthday today. She'd said, Ray, don't go up there and embarrass me, and I said, I wouldn't do that, why would I embarrass the woman I love who makes this cute little noise during sex? Why would I do that?' "

Yes, the real Ray and the one he plays on TV can be the kind of husband you'd like to strangle when, say, he sticks his foot in his mouth around the Thanksgiving dinner

table. But in the next moment, you want to hug the lug for something he does that comes straight from the heart. By capturing the ball of contradictions that make up most husbands (and the wives who love them), *Raymond* has helped build its loyal 16 million–plus audience. The Ray who's inept at picking up on Debra's needs in the bedroom is the same character who, in another episode, can assure his PMS-stressed wife that he's there for her by simply uttering, "You're my girl."

When Romano calls his real-life "girl," Anna, "a high-roller shopper" in one routine ("She gets flown in to malls"), he knows she's laughing all the way to, well, the mall. Not that he begrudges her the respite. "It's tough on Anna," Romano has said of the long hours at the studio that keep him away from his family. He's also been busy taping the voice of Manny for the new animated film *Ice Age*. Although Romano tries to spend as much time as possible with his children ("I couldn't love anything more than them," he has said), he recognizes the uneven division of labor on the child-rearing front. "Anna has to handle everything with the kids," he's said. It's the same way with her TV counterpart, who wins high praise from Anna: "Patty Heaton plays the normal one. It's everyone else who's a little off."

Yet if viewers find familiarity in the imperfections—*dysfunctions*—that mark the Barone family, they also find comfort in the strength, humor and love that keep them going. Not to mention the occasional burst of romance, that, like nearly everything else on the show, usually gets its start a long way from the TV studio. "Write this down," Romano insistently tells his interviewer in closing. "My wife is beautiful." Until the next episode, the comment is all Anna's to savor. ■

Married with (lots of) children

Raymond's two-time Emmy-winner Patricia Heaton is a busy mom on and off the screen

Raymond isn't the only person everybody loves—folks are pretty crazy about his TV wife, too. For the past two years, Patricia Heaton, who plays Debra Barone, has walked away with the Emmy for best leading actress in a comedy. "I've had so many people tell me that it's exactly what goes on in their family," Heaton says of the show.





Heaton with her husband, actor David Hunt (above and left), and their four sons

Certainly Heaton, 44, has no trouble relating to her TV persona; off-screen, she's married to British actor David Hunt and is the mother of four boys, who range in age from 3 to 9. "My home life and TV life parallel pretty much exactly," she says. "I don't have to do any research for my role." And Heaton needs no help from Anna Romano, Ray's real-life wife, to figure out how to deal with her TV husband. "I've learned that Ray annoys her just as much as he annoys me, so he really gets no relief at all," she says with a laugh.

Raising four young children doesn't daunt Heaton, who herself grew up with a brother and three sisters in the suburbs of Cleveland. "I wouldn't trade it for the world," she says.

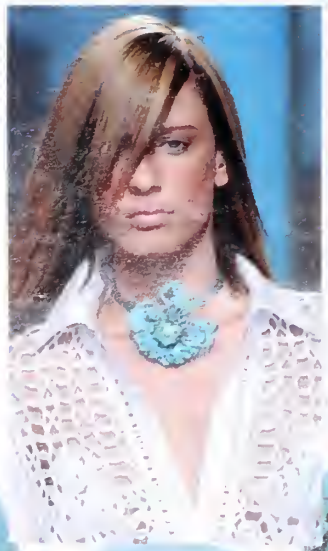
Her TV and real lives diverge to some degree. While the Barones live in a modest neighborhood on New York's Long Island, Heaton and her family divide their time between their home in Los Angeles and their retreat in rural England, where they unwind during *Raymond*'s summer hiatus. In her scant spare time, Heaton is working on a book, tentatively titled *Motherhood and Hollywood* due in the fall. Co-written with her brother, Michael, a journalist, the book is a collection of essays about her family life and career. "I describe it as Erma Bombeck meets Dennis Miller," she says.

—Shana Aborn

29 finds under $100

You don't have to put in a lot of time, thought or money to wear what's new right now. Take a look at the fun, bohemian-inspired clothes and accessories in store for spring, and try out a trend or two

Produced by Meg Goldman Photos by Antonis Achilleos

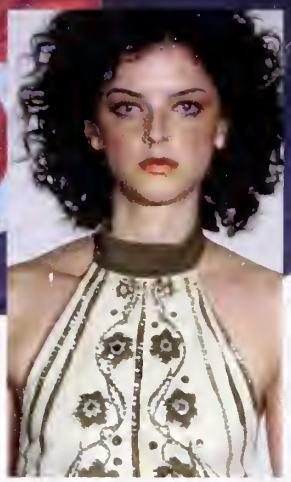


turquoise

It's back, and it's anything but your mother's Southwest jewelry from the '70s. Clockwise from left: bracelet, Wendy Mink at Yvette Fry, $55; pendant necklace, Maya Brenner, $80; necklace, R.J. Graziano, $85; earrings, Wendy Mink at Yvette Fry, $65

embroidery

Colorful stitchery in a bold or delicate pattern brightens up everything in your closet. Sandal, Madeline, $49; bag, Adrienne Vittadini Handbags, $80; top, Blue Plate, $44



the wedge

has sure come a long way from the impossibly high, jute-covered heel we used to know. Sandal, Hype, $79



prairie

Home on the range meets hippie chic in tiered and ruffled layers of fabric. Skirt, City DKNY, $98



safari

Stylish shapes like this drop-waist dress are bringing khaki out of its casual Friday pants rut for good. August Silk Dresses, $98



natural

Accessories made of wood, raffia and bone make any outfit cutting edge. Necklace, R.J. Graziano, $95; bracelets (top), Roxanne Assoulin for Lee Angel, $15 for set of five; (bottom two) R.J. Graziano, $25 each; sandal, Nicole, $45; belt, Roxanne Assoulin for Lee Angel, approximately $100

stripes

Walk the straight and narrow in the graphic print of the season. Sandal, Nina, $49; pants, Mossimo at Target, $21.99

ruffles

They jazz up tops and skirt hems, cuffs and dresses, and they're a sure thing when feminine's the look you're after. Top, Rampage, $44

lace-up sandals

The gladiator goes girly: Tie them on with a swirly, full cotton skirt. Nine West, $49



lace

The most feminine of details makes its way to everything, day or night, casual or dressy. Bag, Joomi Joolz at D.P. Accessories, $84; top, Necessary Objects, $58

woven leather

Pick up a leather accessory with a woven textured weave. Bag, Maxx New York, $78; sandal, Banana Republic, $68



flower prints

The bigger and bolder, the better this season. Cardigan, August Silk Logic Knits, $78

fringe

A tie belt or handbag with a hip '60s swing is an '02 style must-have. Belt, $77, and bag, $99, both J. Raani at D.P. Accessories





toile

The classic French pastoral print makes a fashionable leap from upholstery and curtains to shoes and coats. Wedge sandal, Hype, $69; trench, Mossimo at Target, $29.99





smile!

Whiter teeth can make you look younger and prettier. Coming up, everything you need to brighten up **By Carol Straley. Photos by Joe Chaves**

Here in the U.S. we're famous for our warm, friendly smiles. But years of drinking caffeine and snacking on chocolates, to say nothing of the eventual darkening of your teeth that comes with age, can cause your pearly whites to lose their natural luster. But today you don't have to be a celebrity to put the dazzle back in your smile. From wearing the right lipstick shade to power bleaching, there's more than one way to get a gorgeous grin.

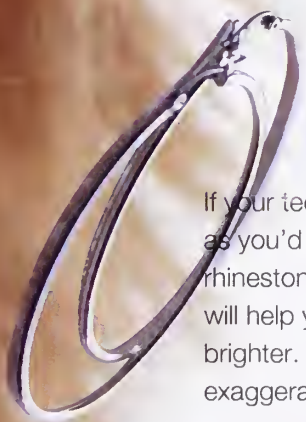
Lipstick tricks

Unless your teeth are really toothpaste-ad caliber, avoid coral and orange lipsticks, which can make them look yellow, says Cincinnati-based makeup pro Jeni Lee. Better choices to neutralize yellow? Cool pinks and mauves. Best of all, go with red—but not just any red. Try one of these, from top: **Jane Weather Wear Lipstick in Campfire Girl ($3.79)**, a brownish red; **Elizabeth Arden Exceptional Lipstick in Baroque Red ($16.50)**, a true red; **and Chanel Infrarouge Lipstick in Hot Nature ($21.50)**, a burgundy red.

. . . If red's too racy,

try this duo: Line and color lips with a red pencil (below, Olay ColorMoist Lip Definer in Ruby Red, $8) and top with a pink lipstick. New: Avon Ultra Color Rich Renewable Lipstick in Wink ($6.50).



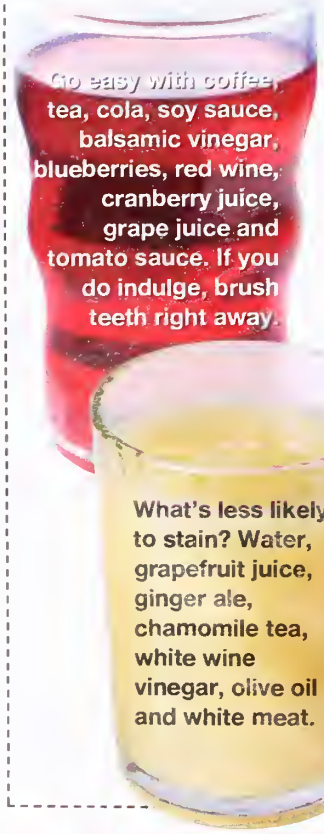


Dazzle 'em

If your teeth are not as naturally white as you'd like, wearing sparkly white rhinestones and gleaming silver jewelry will help your smile look whiter and brighter. Avoid gold, which exaggerates any yellowish tones.

Eat right to stay bright

Tooth enamel is porous and, over time, absorbs color from foods. The darker the food, the greater the stain potential. Try this stainproofing plan from Jeff Golub-Evans, D.D.S., in New York City:



To bleach or not to bleach

Whether you opt for at-home dental strips or professional bleaching, all whitening treatments work the same way, says Golub-Evans. Peroxide breaks down discoloration and bubbles it away. Not everyone is a candidate for bleaching. Grayish teeth and deep tetracycline stains resist bleaching. And if you have crooked teeth or spaces, lightening your teeth will exaggerate these flaws, says Irwin Smigel, D.D.S., who practices in New York City. Your options include bonding (pliable resin sculpted over teeth to improve imperfections) and veneers (thin porcelain shells fitted over teeth).

MOUTH TRAYS

The procedure: The dentist creates custom-fitted plastic trays for upper and lower teeth. At home, you squirt bleaching gel into the impression for each tooth and slip on the tray. Some formulas such as Nite White are meant to wear overnight. Somewhat stronger gels such as Day White can be worn for 30 minutes twice a day. **Results:** You can go six to 10 shades whiter in two weeks, according to dentist William M. Dorfman, D.D.S., in Beverly Hills. Repeat one application every four months. As long as you're careful with what you eat and drink, results should last about three or four years. **Cost:** Approximately $300 to $400 for custom-fitted trays and a two-week supply of hydrogen-peroxide gel.

POWER BLEACHING

The procedure: After bleaching gel is applied to the teeth it is activated with a laser or powerful light such as the BriteSmile 3000 plasma arc light. **Results:** Teeth can be lightened up to nine to 11 shades brighter in one 90-minute visit. Power bleaching causes less sensitivity than take-home trays or over-the-counter bleaches, says Golub-Evans, because bleach doesn't get on your gums or recessed root surfaces. Smile should stay bright for three to five years. **Cost:** $500 to $1,000 per arch.

THE WHITE STUFF: At-home tooth whiteners

Product	Editor's choice	How it works	See results in . . .	Reality che
Whitening toothpaste	Colgate Fresh Confidence with Whitening Toothpaste ($2.99)	Formulas with mild abrasives temporarily remove superficial stains.	A few months, after brushing twice a day	Not the dramatic r you get with bleach teeth get gradually and cleaner-lool
Dental whitening strips	Crest Whitestrips dental whitening system (about $40)	Press clear strips coated with peroxide gel over fronts of upper and lower teeth.	Two weeks, after wearing for 30 minutes twice a day	Can get teeth one brighter; but strips only six teeth; mos show 10 when the
Over the counter mouth trays with bleaching gel	Rembrandt Plus Superior Bleaching System ($32.50)	Squirt a thin layer of peroxide gel from syringe inside flexible trays; secure over upper and lower teeth.	Two weeks, after wearing trays for 30 minutes twice a day	Can get teeth one shades brighter; b may not feel as cor as custom-fitted

Smile savers

Once your teeth are brighter, here are a few low-maintenance extras to keep them that way.

with whitening ingredients, ($6; to order, 800-784-7645). The most stubborn stains are often between the teeth, says Gregg Lituchy, a New York City–based cosmetic dentist.



($28; to order, *www.gosmile.com*). Single-use ampoules contain a mint-flavored hydrogen-peroxide gel. Brush over teeth and leave on for two minutes. Great for a little extra gleam when you're on the run.



($5.99 for 16 ounces). Because it contains no dyes that can stain teeth, this colorless whitening rinse with fluoride is a great alternative to colored fluoride rinses.



For a dazzling smile, brush teeth for at least 2 to 3 minutes. The best brush: one with soft bristles to go easy on teeth and gums

Calling



Karen Hughes

- **Decision-making style:** Aggressive, straightforward
- **Fighting spirit:** The daughter of a major general, Hughes was an Army brat who apparently inherited a blunt and commanding—not to mention booming—voice. "I promise I will always give you my unvarnished opinions," said Hughes when Bush announced her appointment in December 2000. "No question about that," replied Bush—and he wasn't joking.
- **The enforcer:** Her decisions are based on a fierce and often combative advocacy of Bush, with whom she has worked since joining his campaign for Texas governor in [illegible] administration's [illegible]s Eleanor Clift, a [illegible]sweek. [illegible]ople on [illegible]ve been

Asked if she e[illegible] thought she w[illegible] be helping Bus[illegible] run the nation [illegible] war, Hughes replied, "Never Never. Never."

[illegible] Journal

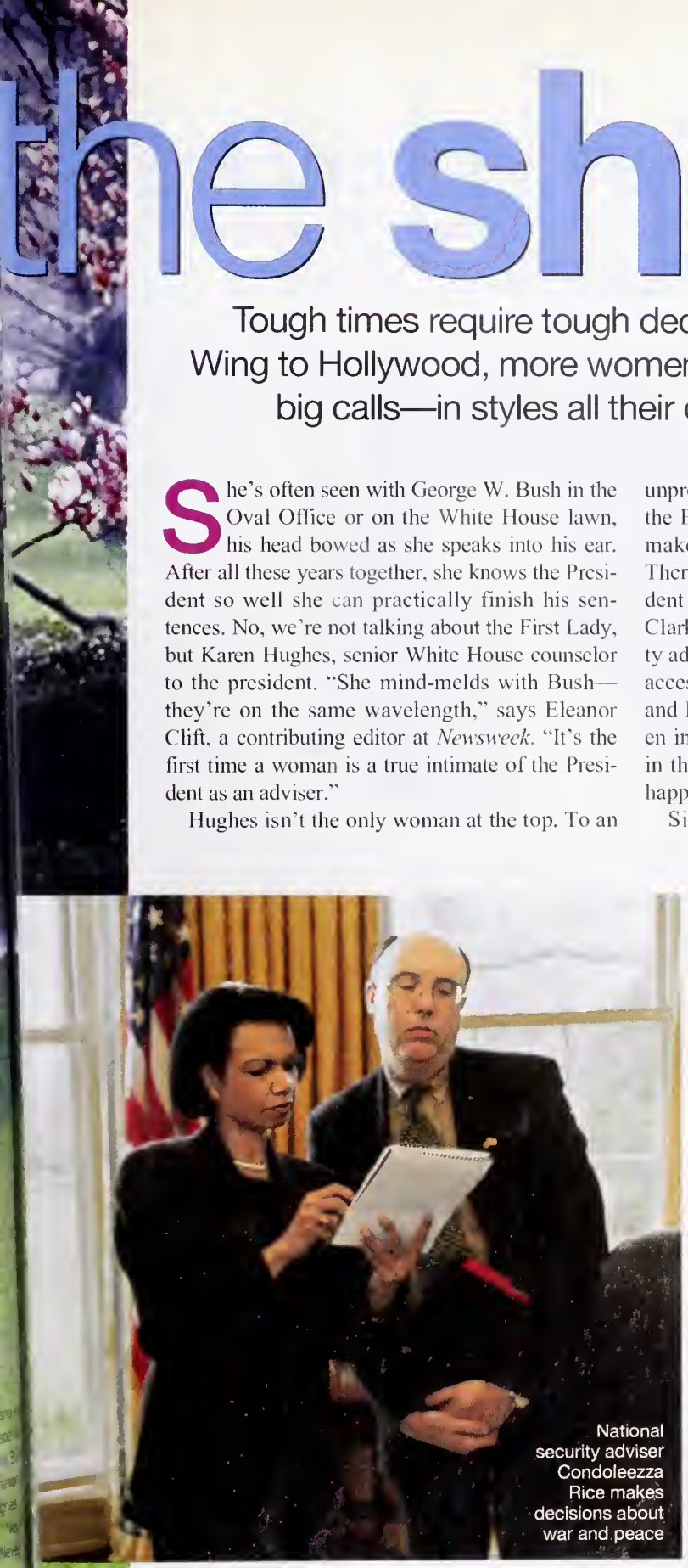
the shots

Tough times require tough decisions. From the West Wing to Hollywood, more women are helping to make the big calls—in styles all their own. By Paula Chin

She's often seen with George W. Bush in the Oval Office or on the White House lawn, his head bowed as she speaks into his ear. After all these years together, she knows the President so well she can practically finish his sentences. No, we're not talking about the First Lady, but Karen Hughes, senior White House counselor to the president. "She mind-melds with Bush—they're on the same wavelength," says Eleanor Clift, a contributing editor at *Newsweek*. "It's the first time a woman is a true intimate of the President as an adviser."

Hughes isn't the only woman at the top. To an unprecedented extent, women hold key roles in the Bush administration, and they are helping to make the toughest decisions in critical times. There's Mary Matalin, chief aide to Vice President Dick Cheney; Pentagon spokesperson Torie Clark; and, most powerful of all, national security adviser Condoleezza Rice, who has even more access than Cabinet superstars like Colin Powell and Donald Rumsfeld. "There were many women in the Clinton White House, but they weren't in the chain of command when the serious stuff happened," says Clift.

Since more women are calling *(continued)*



National security adviser Condoleezza Rice makes decisions about war and peace

Condoleezza Rice

- **Decision-making style:** Diplomatic
- **Speaks softly, but . . .** "Despite her reputation as a hardline conservative, she's so soft-spoken and gentle that you have to really listen to realize she's taking these hard-edged positions," says Clift. "Because her decisions are wrapped in academic language, they don't have the bluntness of politically charged statements."
- **Powers of persuasion:** A master at influencing decisions without being offensive or coercive, Rice has been able "to balance competing interests and done so in a fair and impartial way," Sen. John McCain has said. That makes her the most powerful woman in the U.S. today.
- **Safe conduct:** "What's intriguing is that she's not threatening to Bush, even though she's younger and has been his teacher on many aspects of foreign affairs," says Clift. "On the other hand, Rice is a sports nut, which helps her because it makes her seem like one of the guys."

(continued) the shots, we can wonder whether they make decisions differently on Venus than they do on Mars. Many experts say yes. "By and large, women are much more flexible, thoughtful and open to opposing opinions," says Toni Bernay, Ph.D., a psychologist in Beverly Hills and co-author of *Women in Power* (Houghton Mifflin, 1992). "They're more willing to listen and learn." That's because women tend to be more concerned with maintaining relationships and playing fair than with achieving a goal, says Bernay, who believes their "caretaking, not steamroller style" has to some degree kept them from taking an equal share of power.

Gender isn't everything, though. Making decisions is a learned habit, influenced by society and family. Nor does one style suit every situation. "Consensus-building is great for strategic, long-term planning," says Bernay, "but a fast, decisive style is great for flying a fighter jet"—and nowadays women do that, too. Indeed, a look at some of the most prominent women of our time shows they have very different styles of deciding what they want and how to get it. But they've all been focused on accomplishing their missions—and they have all done it their way.

Personal choice

Ruler, royalty, senator, star—a close-up of their personal power moves

Jacqueline Kennedy Onassis



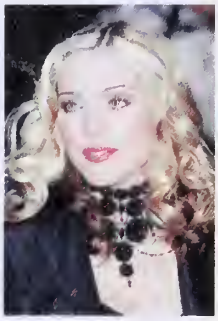
- **Decision-making style:** Pragmatic, self-confident
- **What her mother taught her:** "Jackie was influenced by her mother to marry in a certain class," says J. Randy Taraborrelli, author of *Jackie, Ethel, Joan: Women of Camelot* (Warner, 2000). "When it came to Jack, she wasn't just swept away by her heart. She thought about his background, social standing and bank account."
- **How she got him:** She chose the technique that worked—an irresistible blend of charm and manipulation.
- **Once she got him:** "She decided early on to be loyal to her husband, her children and her country at the expense of personal heartache," says Taraborrelli. And she chose never to lose her dignity. Jackie refused to attend the infamous 1962 party at Madison Square Garden, in New Yor City, where Marilyn Monroe sang "Happy Birthday" to the president because she thought "the whole Marilyn thing was out of control and she wasn't going to sit by and watch it," says Taraborrelli. "It was a stunning decision, if you think of hov it would be perceived nowadays."
- **Inner resources:** Jackie's actions stemmed from a deep sense of self-esteem and a keen awareness of history. It was she who crafted the mythic images the world remembers—the riderless horse, Jol Jr.'s soldierly salute, and of course, the Kennedy presidency as Camelot



Margaret Thatcher

- **Decision-making style:** Bossy, determined
- **No contest:** The daughter of a grocer who was active in local politics, Thatcher decided early on to go in to government—no matter what people thought. She was labeled "the most unpopular woman in Britain" by the press while in the Ministry of Education in 1971, but went on to become Britain's first female prime minister eight years later.
- **Iron age:** Sarcastically dubbed the "Iron Lady" because of her strict control over her Cabinet, Thatcher embraced the title, believing it illustrate her resolve and strength.
- **Tough talk:** Her take-no-prisoners approach, which led to Britain's victory the Falklands War in 1982, won great critical acclaim and emboldened her to George Bush during the Gulf War in 1990 that "Now is no time to get wobbly." **Thick skin.** She always looked quite feminine, but Thatcher was so toug that she was criticized relentlessly. Still, the Iron Lady ruled for 11 years ar transformed Britain.

Madonna



■ **Decision-making style:** Calculating, combative

■ **Mouthing off:** Last December, while at a prestigious art awards ceremony in London, the ultimate Material Girl decided to curse up a storm live on British TV, prompting the channel to issue a speedy apology. "It's classic Madonna," says Taraborrelli, author of *Madonna: An Intimate Biography* (Simon & Schuster, 2001). "There's a lot of brat in her."

■ **Formative years:** Because Madonna's mother died young and her father was disapproving of her ambitions, she "realized early that she would be the final arbiter for herself, personally and professionally," says Taraborrelli. She had a vision and achieved it on her own. It's given her the confidence to trust her own instincts.

■ **Credit rating:** Madonna doesn't blame others for her bad choices—like some of her movies—but always takes credit for the good ones.

Julia Roberts



■ **Decision-making style:** Impulsive, intuitive

■ **Oops! She did it again:** The *Pretty Woman* split from actor Benjamin Bratt after a four-year romance by running away with married, muscle-bound cameraman Danny Moder. America's Sweetheart "is an example that you can't be great at everything," says Taraborrelli.

■ **Double whammy:** Roberts then decided to send Bratt a suitcase with every present he had given her—including Tiffany frames, a Cartier watch and jewelry.

■ **Checkered record:** She ditched actor Kiefer Sutherland shortly before their planned 1991 marriage. She married country singer Lyle Lovett, 10 years her senior, in 1993, but the unlikely pairing ended after 1 months. Then came flings with Matthew Perry, Dylan McDermott and Richard Gere.

■ **Smart choices:** After bombing in serious films designed to showcase her acting skills, she made the savvy decision to go back to the romantic comedies and star turns that fans love.

Hillary Rodham Clinton

■ **Decision-making style:** Tough behind the scenes, smooth on the surface

■ **No frills:** "You have to admire the way she gets right to the subject without any fancy packaging or rhetoric," says Clift. But she's learned that her bluntness isn't always admirable and has softened the blows. "Running for senator, she went on her listening tour saying, 'I don't know as much as you' instead of 'I know more than you.' That," says Clift, "was a smart decision."

■ **Biggest fault:** "Hillary has a frightening temper, so she can be dictatorial or lose her focus and make off-the-cuff decisions during a tantrum," says Jerry Oppenheimer, author of *State of a Union: Inside the Complex Marriage of Bill and Hillary Clinton* (HarperCollins, 2000).



■ **Standing strong:** Hillary said she did not want to be known for standing by her man, but her decision to stay loyal during the Monica Lewinsky fiasco won her unprecedented popularity.



Princess Diana

■ **Decision-making style:** Insecure, strategic

■ **Well-laid plans:** "A master strategist, Diana left little to chance when it came to public relations, plotting every move with the cunning and precision of a battlefield general," says Christopher Andersen, author of *The Day Diana Died* (Dell, 1999).

■ **A deaf ear:** The princess rarely listened to advice and frequently sacked her private secretaries, accountants and other advisers, turning instead to astrologers and psychics.

■ **Bad choices:** "Her decisions were disastrous when it came to love," says Robert Lacey, author of *Royal* (Putnam, 2002). Prince Charles was the wrong man, James Hewitt betrayed her, and she should never have gotten in that car with Dodi Fayed.

■ **Smart choices:** Her decision to go public in 1991 with her bulimia, depression and suicide attempts triggered by Charles' infidelities won immense public sympathy, as she knew it would, yet it cost her the title of Her Royal Highness.

■ **Mission accomplished:** Abandoned by her mother at 5, Diana often said she just wanted to be loved. With her smart decisions as a mother and her crusades for AIDS patients and land-mine victims, "She got what she wanted," says Andersen. "When she died, Diana was the most beloved human being on earth."

The world's most

WHAT DO THESE FAMILIES HAVE IN COMMON? YOU'LL BE AMAZED

BY CYNTHIA HANSON



The Bordens
Fontana, California



The Zanes
Colora, Maryland

On a Saturday afternoon in the Fontana, California, home of Lucinda and John W. Borden II, the couple's fraternal twin sons are doing what most 10-month-olds do after a nap and a bottle: exploring their environment. Luke, whom they call "Turbo" for his speed, bounces a blue rubber ball and climbs on his father's lap. Mark, nicknamed "Tank" due to his strength, pulls himself up on the coffee table.

Suddenly, Mark scrambles across the living-room floor and stops at the foot of the staircase. Moments later, he hoists himself up the first step.

[illegible] calls Lucinda, "get the video camera."

[illegible] the second step; then the third; [illegible] on his bottom. He grins, as [illegible] another milestone. His parents [illegible] this moment they never

[illegible]Parker, T.J. and [illegible] day. [illegible] them *101* [illegible] to the [illegible], some

They've lunched on sandwiches. Now, the 2-year-olds a[illegible] showing off their latest tricks. Amanda, the leader of t[illegible] group, gets down on all fours, puts a stuffed pink mouse[illegible] her mouth and prances across the floor. T.J. mimics [illegible] sister, a terry-cloth rattle dangling from his teeth.

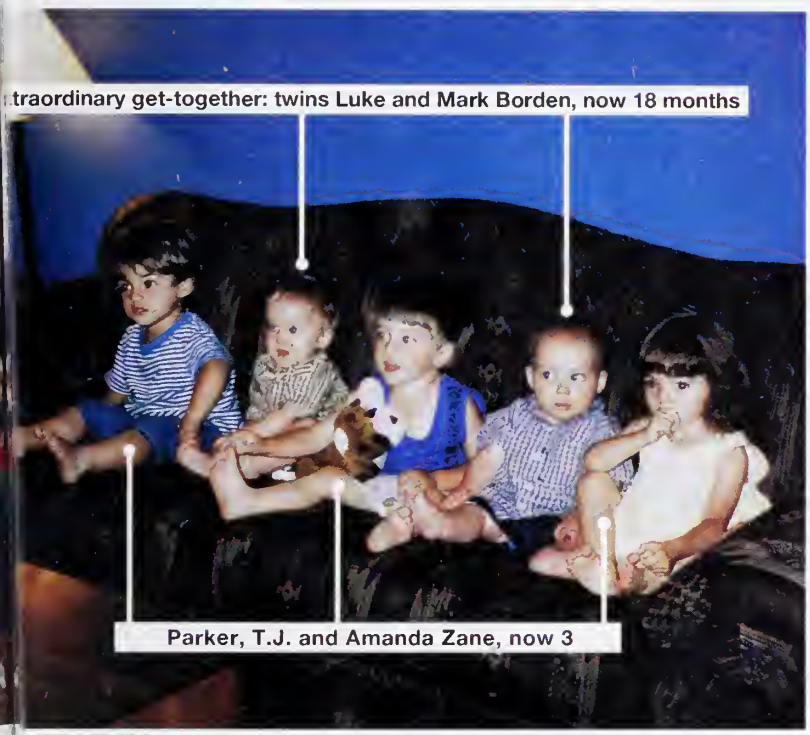
Next comes Parker, the most aggressive and inqui[illegible]tive of the three. He heads straight for the coffee ta[illegible] and inspects a tape recorder perched on the edge.

"They were cute when they were little, but they'r[illegible] lot more fun now that they're walking and talking," s[illegible] Donna, smiling at her toddlers.

The Zane triplets and the Borden twins appear to[illegible] typical children, with no more in common than any [illegible] sets of children growing up on opposite ends of the co[illegible]try. But, in truth, they share a profound bond: They [illegible] the offspring of the same genetic parents. The Bord[illegible] adopted Luke and Mark, but in a most uncommon wa[illegible] as embryos.

The couples were introduced through Snowflake[illegible] novel embryo adoption program run by Nightlight C[illegible]tian Adoptions, in Fullerton, California. The only kn[illegible] agency of its kind, since 1997 Snowflakes has helped [illegible] couples—one looking to donate leftover embryos tha[illegible]

unusual adoption



zen as part of an in-vitro fertilization (IVF) treatment, other willing to take the chance that at least one of embryos transferred will implant in the adoptive ther's womb. To date, 48 couples have donated a total 402 embryos to 34 families through Snowflakes. m these embryo adoptions, 11 babies have been born 10 are on the way (an additional 34 genetic parents waiting to place a total of 261 embryos).

or many of the donating families, the decision to turn nowflakes was not an easy one. Currently, an esti- ed 100,000 embryos are said to be stored at fertility cs nationwide. Policies vary, but most couples can e their surplus embryos for up to three years before 're asked to determine the embryos' fate. For those 've completed their families, it can be a wrenching nma: Should they donate these embryos to research? ard them? Pay to leave them in storage indefinitely? onate them to another infertile couple? (Aside from vflakes, some fertility clinics do facilitate anony- s embryo adoptions, but the practice is not spread. A 2000 survey of 108 fertility programs, shed in the journal *Fertility and Sterility,* found that 37 percent had transferred donated embryos.)

Linda D. Applegarth, Ed.D., director of psychological services at the Center for Reproductive Medicine and Infertility at the Weill Medical College of Cornell University, in New York City, says that while many couples contemplate embryo donation, most choose another option. "It's such an emotionally complicated decision that it usually never comes to fruition," says Applegarth. "Some couples donate their extra embryos to research or discard them, but the bulk probably leave them in storage indefinitely."

Still, Snowflakes reports that an increasing number of couples have been approaching its organization, especially since the stem-cell research debate made embryo disposition part of the national conversation last summer. "Nobody else was helping these children find homes," says JoAnn Davidson, the program's spokesperson, articulating the view of the agency—and many political and religious conservatives—that frozen embryos are already human beings. "Somebody needed to offer a way for them to get from freezer to family."

Experts say there's a growing market for donated embryos, especially among those who are considering a traditional adoption. "Some adoptive parents are concerned about whether the birth mother will take good care of herself during the pregnancy," says Jeffrey Nelson, D.O., a reproductive endocrinologist with the Huntington Reproductive Center, in Pasadena, California. "Embryo donation allows an adoptive mother to have a hand in the baby's development and [establish] a prenatal relationship."

In many ways, Snowflakes' process is identical to a traditional adoption agency's. Both the genetic and adoptive families provide comprehensive biographical information; the genetic parents select the adoptive parents based on their own requirements. The adoptive family submits to rigorous screening, *(continued on page 152)*

Light of the World

By famed inspirational artist Greg Olsen

Decorated wi
22-karat-gold



Shown slightly
than actual size of 8

I am the Light

FREE bookmark with your plate

Jesus changed the world
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humble carpenter and
sensitive portraiture
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ntensive hand-crafting and expected and could limit supply. To acquire it 95 issue price, send no money now. upon today!

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This angled view reveals the depth and detailing of this captivating sculpture

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Akerkar uses the virtual technology

A new test for colon cancer

Colon cancer is the second leading cause of cancer-related deaths in this country, yet millions of Americans who should be screened for it aren't, possibly because the invasive test requires sedation and a day off from work. Geetanjali Akerkar, M.D., a gastroenterologist at Exeter Hospital, in Exeter, New Hampshire, hopes to change that. She is a leader in the investigation of a new procedure called virtual colonoscopy, which requires no drugs and takes only five minutes.

In virtual colonoscopy, CAT-scan images are taken after air is pumped into the colon. Akerkar, 35, recently completed the largest study to date on virtual colonoscopy and is now participating in what will be the definitive study—a multicenter, four-year trial of 4,000 patients funded by the National Cancer Institute. "Since I started this research back in 1996, virtual colonoscopy has gone from obscurity to the point where it may become one of the most widely available screening tools in the country," she says. "I think it's going to be a great option for the future." —*M.S.*

body briefs

Getting a tooth pulled? Check your calendar
According to a recent study by the Academy of General Dentistry, women on birth control pills had a 31 percent incidence of developing dry socket—a painful complication—when an extraction was performed in the first 22 days of their menstrual cycle. Dentists recommend that women on the Pill plan an extraction in the last week of their cycle

Alleviate those allergies



A study conducted at the University of Chicago suggests that the steroid nasal spray Flonase is more effective than the prescription antihistamine Claritin in treating seasonal allergies such as hay fever. Ask your doctor if steroid sprays are right for you.

Berry good news
Researchers at Ohio State University have discovered that eating black raspberries may help keep esophageal cancer at bay, a finding that adds to the evidence linking berries with lower cancer risk. Black raspberries, readily available in syrups, jams and jellies, contain vitamins, minerals and antioxidants that may protect against cancer.

—*Dominique Andrews*


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if tonight you had
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Tylenol PM safely soothes away nighttime pain and helps you sleep.
Gentle and non-habit-forming. So the next morning you'll be ready
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Unfortunately, nearly 40% of women in their sixties have osteoporosis.

Fortunately, there's FOSAMAX.

Ask your doctor about a bone density test.

on, osteoporosis is a silent disease, so nay not see any signs. Risk increases with nd varies from person to person. In fact, the age of 80, over 75% of women have porosis. If you have a thin build, are asian or Asian, have a family history of porosis, or are a smoker, your risk for porosis increases.

nately, your doctor can measure the n of your bones with a simple, painless density test. If your bones are thinning, doctor may prescribe FOSAMAX.

FOSAMAX is proven to help build bone.

MAX is a nonhormonal tablet for the ent and prevention of osteoporosis in enopausal women. FOSAMAX has been n to help build bone. Increases in bone were evident as early as three months after y was begun. FOSAMAX is the number- escribed osteoporosis drug treatment.*

FOSAMAX is also available in a once-weekly tablet.

FOSAMAX is the only once-weekly tablet for the treatment and prevention of postmenopausal osteoporosis. In studies, FOSAMAX Once Weekly was as effective as FOSAMAX Once Daily in increasing bone density. And FOSAMAX is the only oral medication with a convenient once-weekly option proven to help build bone.

Important information about FOSAMAX.

You should not use FOSAMAX if you have certain disorders of the esophagus (the tube connecting the mouth with the stomach), are unable to stand or sit upright for 30 minutes, have severe kidney disease, low blood calcium, or are allergic to FOSAMAX. Use with caution if you have stomach or digestive problems. Stop taking FOSAMAX and tell your doctor if you develop new or worsening heartburn, difficult or painful swallowing, or chest pain because these may be signs of serious upper digestive problems which can include irritation, inflammation, or ulceration of the esophagus. (See Patient Product Information for more details.) Digestive side effects in studies were generally mild and included stomach pain, indigestion/heartburn, or nausea.

k your doctor about a bone density test and if FOSAMAX is right for you.

SAMAX Once Weekly ven to help build bone.

ONCE WEEKLY

FOSAMAX®

(alendronate sodium tablets)

see the Brief Summary of Patient Product Information on the following page and discuss it with your doctor.

MS HEALTH, National Prescription Audit *PLUS*™ (NPA *PLUS*™) and the National Disease and Therapeutic Index™ (based on total prescriptions for the anuary 1, 2001 to August 31, 2001).

FOSAMAX®
(alendronate sodium tablets)

FOSAMAX is available as a tablet taken **once daily** or as a tablet taken **once weekly**. It is important that you know which tablet your doctor has prescribed and that you take FOSAMAX as directed by your doctor.

Please read this information before you start taking FOSAMAX®. Also, read the information each time you renew your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss FOSAMAX when you start taking your medication and at regular checkups.

How should I take FOSAMAX?

FOSAMAX is a tablet to be taken **once daily** or as a tablet to be taken **once weekly**

- If your doctor has prescribed FOSAMAX as a tablet to be taken **once daily**, take FOSAMAX once a day, every day. If you miss a dose, do not take it later in the day. Continue your usual schedule of one tablet once a day the next morning.
- If your doctor has prescribed FOSAMAX as a tablet to be taken **once weekly**, choose the day of the week that best fits your schedule. Every week, take one tablet on your chosen day. If you miss a dose, take only one FOSAMAX **Once Weekly** tablet on the morning after you remember. *Do not take two tablets on the same day.* Return to taking one tablet once a week, as originally scheduled on your chosen day.

Whether your doctor has prescribed FOSAMAX to be taken **once weekly** or **once daily**, these are the important things you must do to help make sure you will benefit from FOSAMAX:

1. **After getting up for the day, and before taking your first food, beverage, or other medication, swallow your FOSAMAX tablet with a full glass (6-8 oz) of plain water only.**
   Not mineral water
   Not coffee or tea
   Not juice
   Do not chew or suck on a tablet of FOSAMAX.
2. **After swallowing your FOSAMAX tablet do not lie down - stay fully upright (sitting, standing, or walking) for at least 30 minutes and do not lie down until after your first food of the day.** This will help the FOSAMAX tablet reach your stomach quickly and help reduce the potential for irritation of your esophagus (the tube that connects your mouth with your stomach).
3. **After swallowing your FOSAMAX tablet, wait at least 30 minutes before taking your first food, beverage, or other medication of the day,** including antacids, calcium supplements and vitamins. FOSAMAX is effective only if taken when your stomach is empty.
4. **Do not take FOSAMAX at bedtime or before getting up for the day.**
5. **If you have difficulty or pain upon swallowing, chest pain, or new or worsening heartburn, stop taking FOSAMAX and call your doctor.**
6. It is important that you continue taking FOSAMAX for as long as your doctor prescribes it. FOSAMAX can treat your osteoporosis or help you from getting osteoporosis only [illegible] to take it.

What is FOSAMAX?

FOSAMAX **Once Daily** and **Once Weekly** can be used to:

- Treat or prevent osteoporosis [illegible] bone) in women after menopause, [illegible] having a hip or spinal fracture
- Increase bone mass in men

FOSAMAX **Once Daily** is also for [illegible] osteoporosis in both men and women [illegible] ticosteroid medications (for example, [illegible]). You will [illegible] end of this summary.

How does FOSAMAX work?

FOSAMAX works [illegible]

- Reducing the [illegible]
- Decreasing the faster rate of bone loss that occurs after menopause or with use of corticosteroid medications
- Increasing the amount of bone in most patients

These effects are seen as soon as three months after therapy with FOSAMAX has begun. These effects continue as long as you keep taking FOSAMAX. The density of bone is maintained or increased and the bone is less likely to fracture.

Who should not take FOSAMAX?

Patients with:

- Certain disorders of the esophagus (the tube that connects your mouth with your stomach)
- Inability to stand or sit upright for at least 30 minutes
- Low levels of calcium in their blood
- Severe kidney disease
- Allergy to FOSAMAX

Patients who are:

- Pregnant or nursing
  If you are pregnant or nursing, you should not be taking FOSAMAX. Talk to your doctor.

What other medical problems should I discuss with my doctor?

Talk to your doctor about any:

- Problems with swallowing
- Stomach or digestive problems
- Other medical problems you have or have had in the past

What are the possible side effects of FOSAMAX?

Some patients may develop severe digestive reactions including irritation, inflammation or ulceration (occasionally severe and/or with bleeding) of the esophagus (the tube that connects your mouth with your stomach). These reactions can cause chest pain, heartburn or difficulty or pain upon swallowing. This may occur especially if patients do not drink a full glass of water with FOSAMAX and/or if they lie down in less than 30 minutes or before their first food of the day. Esophageal reactions may worsen if patients continue to take FOSAMAX after developing symptoms suggesting irritation of the esophagus.

Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX. Some patients treated with FOSAMAX experienced abdominal (stomach) pain. This is the most commonly reported side effect. Less frequently reported side effects are:

Nausea, heartburn, irritation or pain of the esophagus (the tube that connects your mouth with your stomach), vomiting, difficulty swallowing, a full or bloated feeling in the stomach, constipation, diarrhea, black and/or bloody stools, stomach or other peptic ulcers (some severe), and gas.

Bone, muscle or joint pain, headache, or an altered sense of taste were also experienced by some patients. Rarely, a rash (occasionally made worse by sunlight) or eye pain have occurred. Allergic reactions such as hives or, rarely, swelling of the face, lips, tongue and/or throat which may cause difficulty in breathing or swallowing have also been reported. Mouth ulcers have occurred when the tablet was chewed or dissolved in the mouth. If you have a medical problem you think may be related to FOSAMAX, talk to your doctor.

What should I know about osteoporosis?

[illegible] your body are being rebuilt all the time. First, [illegible] is removed (resorbed). Then a similar amount [illegible] is formed. This balanced process keeps [illegible] and strong.

[illegible]; and weakening of the bones. [illegible] after menopause and may also occur in men. Osteoporosis often occurs in women several years after the menopause, which happens when the ovaries stop producing the female hormone estrogen or are removed (which may occur, for example, at the time of a hysterectomy). After menopause, bone is removed faster than it is formed, so bone loss occurs and bones become weaker.

Osteoporosis can also occur in men due to several causes, including aging and/or a low level of the male hormone testosterone. It may also be caused by certain medications called corticosteroids in both men and women. In all instances of osteoporosis, bone is removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy.

At the start osteoporosis usually has no symptoms. It can result in fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may be painful, but over time they cause height loss. Eventually the spine becomes curved and the body becomes bent over. Fractures may happen during normal, everyday activity, such as lifting, or from minor injury that would normally not cause bone to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of mobility.

Osteoporosis in men and women caused by corticosteroids

Corticosteroids can cause bone to be removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy. It is important to take your corticosteroid medication as recommended by your doctor.

How can osteoporosis be treated or prevented?

- **Medication.**
  FOSAMAX acts specifically on your bones. FOSAMAX is not a hormone and does not have the benefits or risks of estrogen (hormone replacement therapy in postmenopausal women) elsewhere in your body.
- **Lifestyle changes.**
  In addition to FOSAMAX, your doctor may recommend one or more of the following lifestyle changes:
  - **Stop smoking.** Smoking appears to increase the risk of osteoporosis.
  - **Reduce the use of alcohol.** Too much alcohol appears to increase the risk of osteoporosis and injuries that may cause fractures.
  - **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise can be safe to prevent injuries including fractures. You should consult your doctor before you begin any exercise program.
  - **Eat a balanced diet.** Adequate dietary calcium is important. Your doctor can advise you whether you need to change your diet or take any dietary supplements such as calcium or vitamin D.

This medication is prescribed for a particular condition. Do not use it for another condition or give the drug to others. Keep FOSAMAX and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, drink a full glass of milk and contact your local poison control center or emergency room immediately. Do not induce vomiting. Do not lie down.

This provides a summary of information about FOSAMAX. If you have any questions or concerns about either FOSAMAX or osteoporosis, talk to your doctor. In addition, talk to your pharmacist or other health care provider.

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Give your lunch a makeover

Hungry by 4 P.M.? Gaining weight? It's time to make your midday meal healthier **By Rosemary Black**

Most women grab a salad for lunch—or yogurt and an apple—and think they're making a smart choice. Yet these so-called light lunches leave us lethargic, cranky and hungry by late afternoon. Before long, we're heading to the vending machines for a Snickers bar.

To beat the bad-lunch trap, you need to rethink your food choices. The key, say experts, is to eat a lunch with staying power.

"Ideally, lunch should give you the energy and nutrients to keep you going through the afternoon," says Joy Bauer, R.D., a nutrition consultant in New York City and author of *The 90/10 Weight Loss Plan* (Renaissance Books, 2001). "It should contain about twenty grams of protein and about eight grams of fiber." And it should have no more than 700 calories, adds Kathleen Zelman, R.D., an Atlanta-based spokesperson for the American Dietetic Association (ADA).

But that doesn't mean giving up the lunch you love. To help get the maximum mileage from your midday meal, we've taken four of the most popular lunches women eat and given them makeovers.

salad



BEFORE: A salad with four cups of iceberg lettuce mixed with romaine, topped with one quarter cup of croutons and low-cal dressing
Total count: **Calories**, 95; **protein**, 4.5 grams; **vitamin A**, 1,048 IU; **vitamin C**, 11 mg; **fiber**, 4 grams; **fat**, 3.6 grams

AFTER: Toss the iceberg and use lots of dark green lettuce (it has far more nutrients). Then bump up your salad's staying power by adding 3 ounces of canned tuna. Top with vitamin-rich broccoli, bell peppers and carrots; instead of croutons, use seven walnut halves for additional protein and some crunch. Drizzle with balsamic vinegar and a teaspoon of olive oil. Add a whole-wheat roll for extra fiber (which helps you feel full longer) and complex carbohydrates (which provide energy).
Total count: **Calories**, 420; **protein**, 31 grams; **vitamin A**, 15,000 IU; **vitamin C**, 192 mg; **fiber**, 10 grams; **fat**, 18.5 grams



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BEFORE

AFTER

fruit & yogurt

BEFORE: A medium-size apple and low-fat, fruit-flavored yogurt
Total count: Calories, 320; **protein**, 12 grams; **vitamin A**, 210 IU; **vitamin C**, 10 mg; **fiber**, 4 grams; **fat**, 3.5 grams

AFTER: To boost the vitamins and protein, turn your yogurt lunch into a sundae with healthy toppings. Place the yogurt in a serving bowl, add sliced apple, ½ cup of cantaloupe cut into chunks and 2 tablespoons of granola. Add two wheat crackers spread with 1 tablespoon of peanut butter for extra protein and carbohydrates for energy.
Total count: Calories, 584; **protein**, 19 grams; **vitamin A**, 3,209 IU; **vitamin C**, 44 mg; **fiber**, 7 grams; **fat**, 15 grams

It's **never too late** for lunch

Lunch is the meal we're most likely to skip, according to research by the NPD Group, a consumer marketing research firm. No matter how busy you are, it's important to take time out to eat, say experts.



"Foods like fruits and vegetables provide us with energy to keep our brains functioning," says Jackie Newgent, R.D., an ADA spokesperson. "When we don't have that energy, we are not at our peak mentally or physically."

If a busy schedule prevents you from eating [illegible] a quick but [illegible] lunchtime [illegible] and eat your [illegible] when you're [illegible] no rule that say[illegible] lunch at noon," [illegible]

pizza

BEFORE: A slice of pizza, loaded with cheese
Total count: Calories, 380; **protein**, 19 grams; **vitamin A**, 800 IU; **vitamin C**, none; **fiber**, 7 grams; **fat**, 17 grams

AFTER: Punch up your pizza by choosing a slice topped with plenty of broccoli, red pepper and mushrooms. A cup of seedless grapes for dessert will satisfy your sweet tooth and supply vitamins and fiber.
Total count: Calories, 510; **protein**, 21 grams; **vitamin A**, 1,893 IU; **vitamin C**, 66 mg; **fiber**, 10 grams; **fat**, 18 grams



AFTER

BEFORE

because it's **springtime**
–time for a
fresh start



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win a shopping spree of Martha
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Which one cleans and disinfects



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eshen up the kitchen



A Plan for Spring

Now is the perfect time to clean your kitchen. Having a plan and a detailed list before you begin helps you get more done. Make sure you have all the cleaning tools you'll need. Good basics include sponges, household gloves, bucket, clean rags, dusters, broom, whisk broom, mop, scrub brush, vacuum, handheld vacuum, stepladder, and a bucket or bag for carrying cleaning materials with you as you go. You'll want to cover the stove, refrigerator, sink, and backsplash; cupboards, drawers, and countertops; every knob, handle, and switch; and of course, the floor. Surprisingly, the kitchen can have more germs than the bathroom. Germs are most prone to live on sponges and dishcloths, and in and around the kitchen sink and drain. Be sure to disinfect high-traffic areas, too.

You don't have to spend all day scrubbing to keep your kitchen clean, because there are Clorox® brand products that handle tough jobs quickly. With Clorox® Disinfecting Wipes, you don't even need a sponge. Just one wipe to a faucet handle or cupboard door, and you're done. Try Formula 409® All Purpose Cleaner to sanitize and get rid of grease. Or use Clorox® Clean-Up™ Cleaner with Bleach spray on counters, refrigerators, and appliances. In 30 seconds, Clorox Clean-Up® kills 99.9% of household germs.



rganized

Having easy what you need enhances your e kitchen. The Martha Stewart brand has everything you et organized, and it's all avail- mart. As you're clearing out and cupboards, rearrange nd dishes so that they're easier Maximize drawer space with a ewart Everyday™ Large Cutlery nore into your cupboards with Airtight Canisters or any of erent types of Martha Stewart food containers.



on the surfaces

There's a Clorox® product to clean practically every surface in your kitchen or bath.

Clorox® Clean-Up™ Cleaner with Bleach
The only spray cleaner that combines the power of Clorox® Bleach to clean and disinfect in one easy step. Safe for colored countertops, toilet bowls, and sinks, as well as most hard, nonporous surfaces.

Clorox® Disinfecting Wipes
A quick and easy-to-use disposable wipe that disinfects and cleans hard, nonporous household surfaces, including acrylic, fiberglass, and vinyl.

Soft Scrub® with Bleach Cleanser
The leading liquid abrasive that easily removes dirt, stains, mold, soap scum, and mildew. Safe for bathtubs, sinks, toilets, tile, and grout.

Pine-Sol® Brand Cleaner
A tough, all-purpose cleaner that disinfects, leaves a fresh pine scent, and is easy to dilute. Safe for all hard, nonporous surfaces, including glazed tile, counters, tubs, washable walls, garbage cans, and no-wax floors. Not recommended for wood.

Formula 409® All Purpose Cleaner
A powerful and versatile spray that works throughout the house to cut grease and remove soap scum. Safe for most hard surfaces, including bathtubs, sinks, showers, toilets, and glazed tile.

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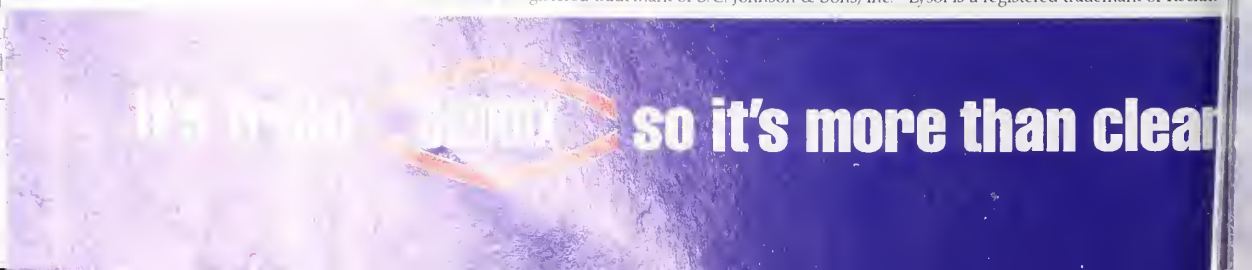
Only one all-purpose cleaner strikes fear in the hearts of stains.





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brighten up the bath



ing timetable

kitchen and bathroom sinks and drains need every day if you want to eliminate germs. Sponges, and cutting boards also need daily disinfecting. forget to spot-clean after food spills.

clean faucet, toilet, and appliance handles two to s per week. Do the same with kitchen countertops pliances on them.

athroom countertops, kitchen and bathroom floors, ce and bowl, and shower/tub and drain once a week.



A Clean Start The bath is also a high-traffic area that will benefit from a thorough spring-cleaning. It includes many different surfaces—stainless steel, glazed tile, porcelain—and each one needs attention. Before you clean a surface, remember to always follow label instructions. Don't use a harsh cleanser on fine tile surfaces. Instead, try a product like Soft Scrub® with Bleach, which is tough on mold and mildew stains, but won't harm surfaces. Clean high-touch areas such as faucet and toilet handles with Clorox® Disinfecting Wipes. And to add a fresh pine scent to your bathroom, reach for Pine-Sol®.



A Touch of Spring Once your bathroom is sparkling clean, why not add some fresh spring color, too? Choose from a wide selection of Martha Stewart Everyday® shower curtains, bath towels, and bath accessories. A simple change, like a vintage rose pink towel, white shower curtain, or a buttercream ceramic pitcher, can make a big difference in the appearance of your bathroom. Or simply add a plush new bath rug—you'll enjoy it every time you step out of the shower. And because Martha Stewart Everyday® products are color-coordinated, it's easy to change the whole look of your bathroom.

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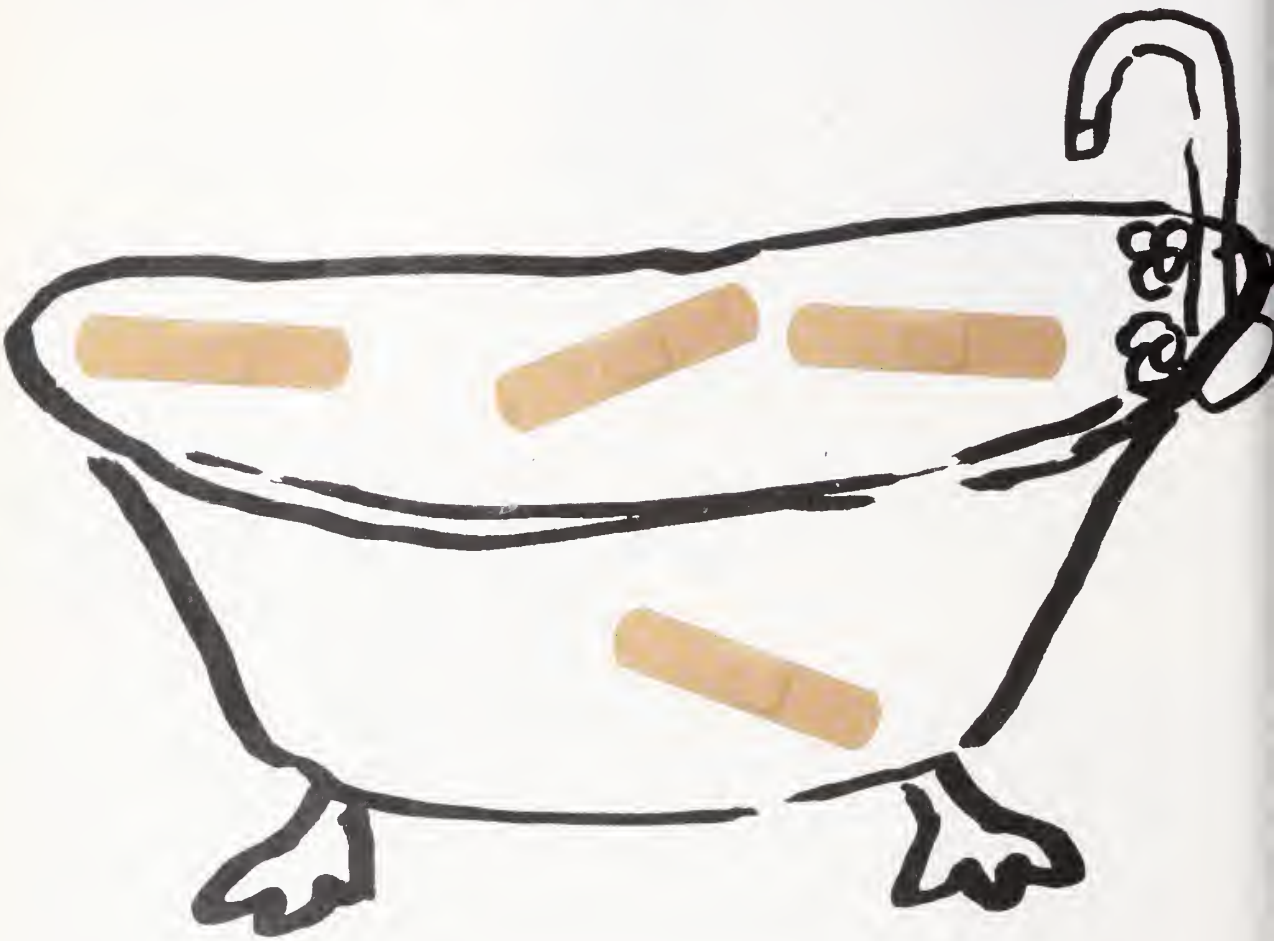
ter the Clorox Spring-Cleaning Sweepstakes.
our local Kmart store and pick up an entry form.

MARTHA STEWART EVERYDAY

available at Kmart

ULES – NO PURCHASE NECESSARY TO ENTER OR WIN. A PURCHASE DOES NOT IMPROVE YOUR CHANCES OF WINNING. VOID WHERE PROHIBITED. s apply to the Clorox Spring-Cleaning Sweepstakes ("Sweepstakes") being conducted by The Clorox Company, 1221 Broadway, Oakland, CA ponsor"), and administered by Marden-Kane, Inc., 36 Maple Place, Manhasset, NY 11030 ("Administrator"). This Sweepstakes starts February and ends May 15, 2002. 1. HOW TO ENTER: **Hand print your complete name and address and day and evening telephone number on a 3"x5" mplete the official entry blank available at any participating Kmart store and mail to: Clorox Spring-Cleaning Sweepstakes, P.O. Box 4174, ɔids, MN 55730-4174.** Enter as often as you wish, but only one entry per envelope, which must be mailed separately. Entries must be post- May 15, 2002 and received by May 22, 2002. Mechanically reproduced entries, including name and address labels will not be accepted. come the property of the Sponsor and will not be returned. No other form of entry will be accepted. 2. JUDGING: Winners will be selected on lay 24, 2002 from all eligible entries received in a random drawing to be conducted by Marden-Kane, Inc., an independent judging organization isions are final on matters relating to this Sweepstakes. All prizes will be awarded. Only one prize per person or household. 3. ODDS OF **The estimated odds of winning are 1:1,428,571; though the actual odds of winning will be dependent upon the number of actual eligible eived.** 4. NOTIFICATION: Winners will be notified by certified mail, return receipt requested and may be required to complete and sign an Eligibility and Liability Release and, where legal, a Publicity Release, that must be returned within 14 days after prize notification or prize will d and awarded to an alternate winner. Entrants who win a prize valued at $600 or more will also be required to furnish their social security num- will only be used for the purpose of reporting the winnings to the IRS, as required by law. If the prize or prize notification is unclaimed or returned rable, the prize will be forfeited and awarded to an alternate winner. Entry constitutes winners' permission to the use of their names, photo- ness for advertising and promotional purposes for this and similar promotions without additional compensation, except where prohibited by law. (1) Grand Prize: A $1,000 Kmart Cash Card. (3) First Prizes: A $500 Kmart Cash Card. (10) Second Prizes: A $250 Kmart Cash Card. The h Card may be used in conjunction with the purchase of any merchandise in any participating Kmart store. The Kmart Cash Card, and any balance on the Kmart Cash Card, may not be redeemed for cash. The Kmart Cash Card is transferable and additional cash may be added to any time. In addition, each winner will receive as part of his or her prize a one (1) year's supply of Clorox household cleaning products which the following Clorox products: Clorox Clean-Up, Pine-Sol, Clorox Disinfecting Wipes, Soft Scrub and Formula 409. Approx. Retail Value (ARV) year's supply of Clorox household cleaning products is: $63. The Approx. Retail Value of each of the prizes is: Grand: $1,063; each; and Second: $313 each. No cash redemptions, substitutions, transfers, or assignments of prizes allowed, except as noted and by ho reserves the right to substitute a prize of equal or greater value if the prize or any portion of the prize becomes unavailable. All taxes and tals and other expenses associated with the prizes and not specified herein are the winner's sole responsibility. 6. GENERAL CONDITIONS: All ree to be bound by all applicable U.S. laws and regulations, as well as these official rules and the decision of the judges. By participating entrants charge, and hold harmless The Clorox Company, Martha Stewart Living Omnimedia, Inc., Kmart Corporation and their respective subsidiaries, ranches, affiliates, and agencies (including, without limitation, Marden-Kane, Inc.), and their respective officers, directors, shareholders and (collectively "Releasees") from and against any liability, claims, or damages arising out of their participation in the Sweepstakes and/or the accept- misuse, non-use or possession of any prize. The Releasees are not responsible for printing or typographical errors in any Sweepstakes or relat- s or stolen, lost, late, misdirected, damaged, incomplete, postage due, and/or illegible entries or mail. If, in the Sponsor's opinion, there is any or actual evidence of tampering with any portion of the Sweepstakes, or if fraud or actions by entrants compromise, corrupt or affect the admin- tegrity, security, fairness, or proper conduct of the Sweepstakes, the judges reserve the right at their sole discretion to disqualify any individual any entries submitted fraudulently, to modify or suspend the Sweepstakes, or to terminate the Sweepstakes and conduct a random drawing to prizes using all non-suspect eligible entries received as of the date of such action. 7. ELIGIBILITY: Sweepstakes open to legal residents of the ars or older. Employees of The Clorox Company, Martha Stewart Living Omnimedia, Inc., Kmart Corporation, their subsidiaries, affiliates, prize nd advertising and promotion agencies, including Marden-Kane, Inc., and their immediate families (spouse, parents, children and siblings and their spouses) and individuals living in the same households of such employees are ineligible. Void in Puerto Rico and where prohibited or restricted s Sweepstakes is subject to all applicable federal, state, local laws and regulations. 8. WHO WON?: For the names of the winners, available /02, mail a self-addressed stamped envelope to: Clorox Spring-Cleaning Sweepstakes Winners, P.O. Box 702, Sayreville, NJ 08871-0702. OR: The Sponsor of this Sweepstakes is The Clorox Company, 1221 Broadway, Oakland, CA 94612. ADMINISTRATOR: Marden-Kane, Inc., lace, Manhasset, NY 11030.

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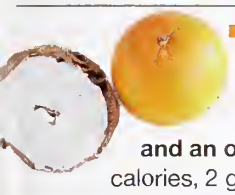


A good scrub.

Clorox is a proud sponsor of www.women.com/generationsandinnovations

15 great afternoon snacks

Despite a healthy lunch, you're hungry at 4 P.M. Instead of hitting the vending machine, try one of these energy-boosters instead:



- **One half small raisin bagel with fat-free cream cheese and an orange:** 350 calories, 2 grams of fat
- **Apple and low-fat cheese stick:** 162 calories, 6 grams of fat
- **2 rice cakes smeared with 1 tablespoon of peanut butter:** 220 calories, 9 grams of fat
- **Unsweetened whole-grain cereal with skim milk:** 180 calories, no fat
- **Handful of nuts and raisins:** 245 calories, 9 grams of fat
- **Celery sticks with 2 tablespoons of peanut butter:** 230 calories, 16 grams of fat



- **One quarter cup hummus with ½ cup of baby carrots:** 140 calories, 5 grams of fat
- **Vegetable soup:** 120 calories, 3 grams of fat
- **Skim-milk latte with a biscotti:** 230 calories, 3 grams of fat
- **Handful of pretzels:** 110 calories, no fat



- **One half cup of cottage cheese and seven Wheat Thins:** 180 calories, 9 grams of fat
- **Granola bar and skim milk:** 230 calories, 7 grams of fat
- **Peanut butter (1 tablespoon) and jelly (2 teaspoons) sandwich on whole-wheat bread:** 315 calories, 10 grams of fat
- **Smoothie made with skim milk, ice cubes and a banana:** 185 calories, ½ gram of fat
- **Fat-free frozen yogurt topped with sliced fresh fruit or berries:** 170 calories, 3 grams of fat



sandwich



BEFORE: A grilled chicken sandwich on a hard roll topped with mayonnaise, lettuce and tomato, plus a bag of potato chips.
Total count: **Calories**, 602; **protein**, 37 grams; **vitamin A**, 332 IU; **vitamin C**, 24 mg; **fiber**, 4 grams; **fat**, 25 grams

AFTER: Trade in the roll for two slices of whole-wheat bread, use Dijon mustard instead of mayonnaise and opt for a handful of baby carrots in place of the potato chips.
Total count: **Calories**, 337; **protein**, 34 grams; **vitamin A**, 15,330 IU; **vitamin C**, 14 mg; **fiber**, 7 grams; **fat**, 7 grams

Don't eat that!

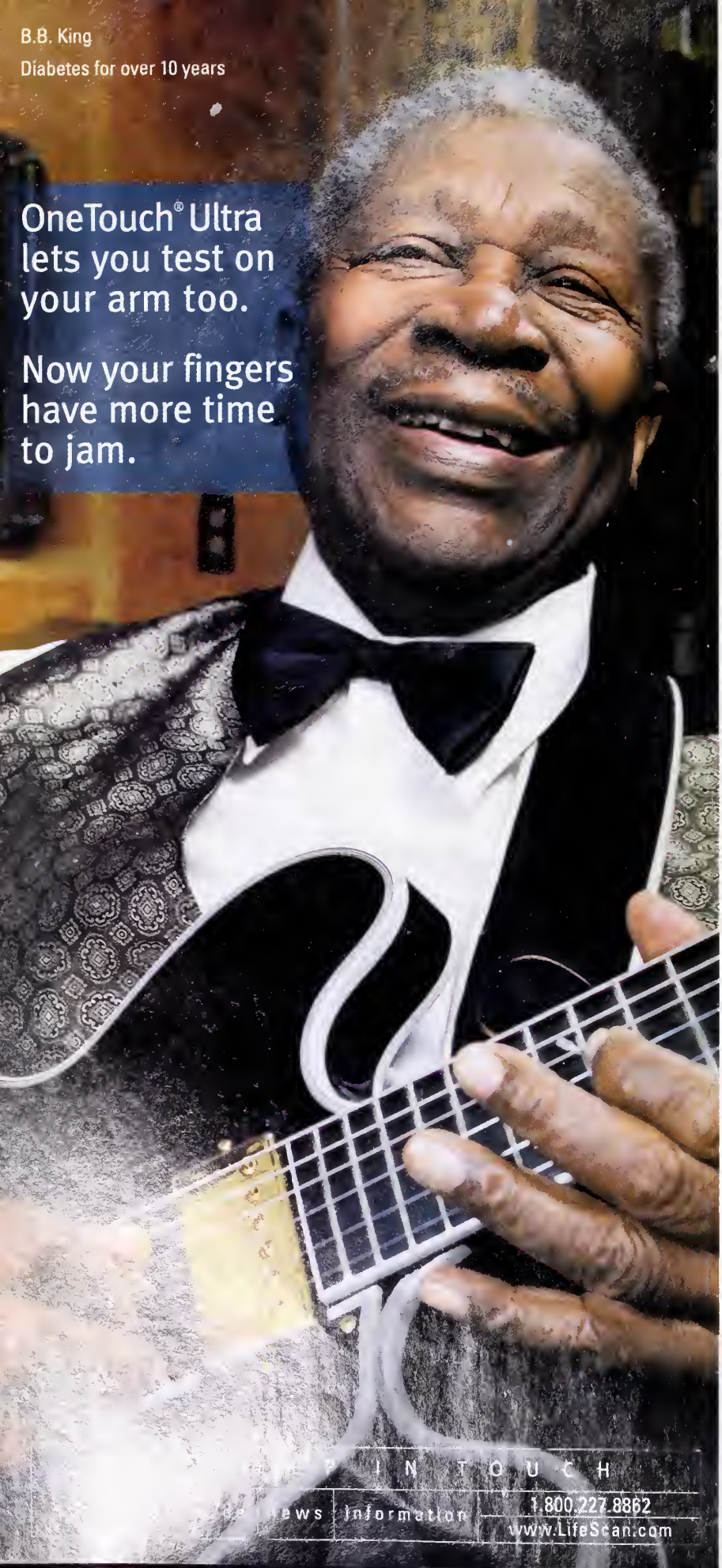
You may sometimes be tempted to grab a quick burger for lunch, but don't do it, says Jackie Newgent, R.D., a spokesperson for the ADA. "Heavy lunches are full of fat and calories," she says. "Rather than giving you energy, they weigh you down and make you feel tired."

4 lunches to avoid

- Bacon cheeseburger with fries
- Giant bagel and cream cheese
- General Tsao's chicken (sauce over fried meat)
- Pork fried rice



Additional sources for this article include: the USDA and the *Corinne T. Netzer Encyclopedia of Food Values* (Dell, 1992).





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The healthy-family handbook

To help you and your family stay healthy and fit all year, LHJ worked with the experts at the world-renowned Mayo Clinic, in Rochester, Minnesota, to put together this special section. In *How Healthy Is This Family?* Mayo doctors evaluated a typical family of four and discovered some surprising medical problems—things your own family might be at risk for. To find out what doctors feed their own families, we went grocery shopping with five Mayo specialists for *What the Doctor Orders*. What they bought—and what they didn't—will teach you about smart foods to eat to prevent diseases. And in *The Forgotten Checkups*, you'll learn about little medical exams that make a big difference.







The Mayo experts consulted for this section include: Maria L. Collazo-Clavell, M.D., an endocrinologist, Edward Creagan, M.D., an oncologist, Brooks Edwards, M.D., a cardiologist and medical director of MayoClinic.com, Rokea el-Azhary, M.D., associate professor of dermatology, Philip Fischer, M.D., professor of pediatrics, Sharonne Hayes, M.D., a cardiologist, Donald Hensrud, M.D., a specialist in preventive medicine and nutrition, Jay Hoecker, M.D., a pediatrician, George Hohberger, M.D., consultant in ophthalmology, Peggy Menzel, R.D., L.D., a clinical nutritionist, David A. Sherris, M.D., an associate professor of otorhinolaryngology, Marcie Smith, M.D., a pediatrician, and Sally Trippel, M.D., an internist.



Laurie Rogers; her husband, Jeff Bernardy; and their children, Travis and Erin, learned some surprising health news at the Mayo Clinic

How healthy is this family?

They eat right, get regular checkups—even take vitamins. So what could be wrong with them? More than you think

By Kathryn Casey

To find out what the average American family is doing right—and wrong—when it comes to their health, LHJ sent a family of four to the Mayo Clinic, in Rochester, Minnesota, for thorough exams and a full battery of medical tests. Laurie Rogers, her husband, Jeff Bernardy, and their children, Travis and Erin, of La Crescent, Minnesota, thought they were covering all the health-care bases. "Basically, I think we're in good shape," says Laurie before she and her family arrive at Mayo.

But as it turns out, they aren't quite as healthy as they thought. "It's frightening to think that something can be wrong with you and you don't even know it," says Laurie when she hears the results of her exam. Here's what the Mayo doctors found:

A developing problem



Laurie Rogers, 47
Occupational therapist
Height: 5'6"
Weight: 153 pounds
Health history: Once a long-distance bike rider, Laurie now has little time for exercise. Other problems: recurring lower back pain, and rosacea, a skin disorder that causes chronic inflammation of the cheeks, which she treats with an antibiotic lotion. She's also showing signs of approaching menopause, including hot flashes and missed periods.

Laurie's father, 78, has Type 2 diabetes, and his family has a history of heart disease. Laurie's mom, 74, had a blood clot soon after going on estrogen therapy, and now suffers from mild arthritis.

"All in all, I feel like I'm pretty healthy," says Laurie. "But there are things I'd like to know." She's read that hormone replacement therapy (HRT) may help protect her heart and bones, but she's wondering if it's advisable, given her mother's experience. "I have no idea what to do," she says.

What she's doing right: In many ways, Laurie is a model patient, says Sally Trippel, M.D., an internist at Mayo. She doesn't smoke, she limits her caffeine intake to two cups of coffee a day, rarely drinks alcohol and takes a daily vitamin. She eats healthy foods, including lots of fruits and vegetables, and tries to *(continued)*

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ARICEPT® (Donepezil Hydrochloride Tablets)

Brief Summary—see package insert for full prescribing information. **INDICATIONS AND USAGE** ARICEPT® is indicated for the treatment of mild to moderate dementia of the Alzheimer's type. **CONTRAINDICATIONS** ARICEPT® is contraindicated in patients with known hypersensitivity to donepezil hydrochloride or to piperidine derivatives. **WARNINGS** ***Anesthesia:*** ARICEPT®, as a cholinesterase inhibitor, is likely to exaggerate succinylcholine-type muscle relaxation during anesthesia. ***Cardiovascular Conditions:*** Because of their pharmacological action, cholinesterase inhibitors may have vagolonic effects on the sinoatrial and atrioventricular nodes. This effect may manifest as bradycardia or heart block in patients both with and without known underlying cardiac conduction abnormalities. Syncopal episodes have been reported in association with the use of ARICEPT®. ***Gastrointestinal Conditions:*** Through their primary action, cholinesterase inhibitors may be expected to increase gastric acid secretion due to increased cholinergic activity. Therefore, patients should be monitored closely for symptoms of active or occult gastrointestinal bleeding, especially those at increased risk for developing ulcers, e.g., those with a history of ulcer disease or those receiving concurrent nonsteroidal anti-inflammatory drugs (NSAIDS). Clinical studies of ARICEPT® have shown no increase, relative to placebo, in the incidence of either peptic ulcer disease or gastrointestinal bleeding. ARICEPT®, as a predictable consequence of its pharmacological properties, has been shown to produce diarrhea, nausea and vomiting. These effects, when they occur, appear more frequently with the 10 mg/day dose than with the 5 mg/day dose. In most cases, these effects have been mild and transient, sometimes lasting one to three weeks, and have resolved during continued use of ARICEPT®. ***Genitourinary:*** Although not observed in clinical trials of ARICEPT®, cholinomimetics may cause bladder outflow obstruction. ***Neurological Conditions:*** Seizures: Cholinomimetics are believed to have some potential to cause generalized convulsions. However, seizure activity also may be a manifestation of Alzheimer's Disease. ***Pulmonary Conditions:*** Because of their cholinomimetic actions, cholinesterase inhibitors should be prescribed with care to patients with a history of asthma or obstructive pulmonary disease. **PRECAUTIONS Drug-Drug Interactions** ***Drugs Highly Bound to Plasma Proteins:*** Drug displacement studies have been performed *in vitro* between this highly bound drug (96%) and other drugs such as furosemide, digoxin, and warfarin. ARICEPT® at concentrations of 0.3-10 µg/mL did not affect the binding of furosemide (5 µg/mL), digoxin (2 ng/mL), and warfarin (3 µg/mL) to human albumin. Similarly, the binding of ARICEPT® to human albumin was not affected by furosemide, digoxin, and warfarin. ***Effect of ARICEPT® on the Metabolism of Other Drugs:*** No *in vivo* clinical trials have investigated the effect of ARICEPT® on the clearance of drugs metabolized by CYP 3A4 (e.g. cisapride, terfenadine) or by CYP 2D6 (e.g. imipramine). However, *in vitro* studies show a low rate of binding to these enzymes (mean K_i about 50-130 µM), that, given the therapeutic plasma concentrations of donepezil (164 nM), indicates little likelihood of interference. Whether ARICEPT® has any potential for enzyme induction is not known. ***Effect of Other Drugs on the Metabolism of ARICEPT®:*** Ketoconazole and quinidine, inhibitors of CYP450, 3A4 and 2D6, respectively, inhibit donepezil metabolism *in vitro*. Whether there is a clinical effect of these inhibitors is not known. Inducers of CYP 2D6 and CYP 3A4 (e.g., phenytoin, carbamazepine, dexamethasone, rifampin, and phenobarbital) could increase the rate of elimination of ARICEPT®. ***Use with Anticholinergics:*** Because of their mechanism of action, cholinesterase inhibitors have the potential to interfere with the activity of anticholinergic medications. ***Use with Cholinomimetics and Other Cholinesterase Inhibitors:*** A synergistic effect may be expected when cholinesterase inhibitors are given concurrently with succinylcholine, similar neuromuscular blocking agents or cholinergic agonists such as bethanechol. **Carcinogenesis, Mutagenesis, Impairment of Fertility** Carcinogenicity studies of donepezil have not been completed. Donepezil was not mutagenic in the Ames reverse mutation assay in bacteria. In the chromosome aberration test in cultures of Chinese hamster lung (CHL) cells, some clastogenic effects were observed. Donepezil was not clastogenic in the *in vivo* mouse micronucleus test. Donepezil had no effect on fertility in rats at doses up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis). **Pregnancy** ***Pregnancy Category C:*** Teratology studies conducted in pregnant rats at doses up to 16 mg/kg/day (approximately 13 times the maximum recommended human dose on a mg/m² basis) and in pregnant rabbits at doses up to 10 mg/kg/day (approximately 16 times the maximum recommended human dose on a mg/m² basis) did not disclose any evidence for a teratogenic potential of donepezil. However, in a study in which pregnant rats were given up to 10 mg/kg/day (approximately 8 times the maximum recommended human dose on a mg/m² basis) from day 17 of gestation through day 20 postpartum, there was a slight increase in still births and a slight decrease in pup survival through day 4 postpartum at this dose; the next lower dose tested was 3 mg/kg/day. There are no adequate or well-controlled studies in pregnant women. ARICEPT® should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers** It is not known whether donepezil is excreted in human breast milk. ARICEPT® has no indication for use in nursing mothers. **Pediatric Use** There are no adequate and well-controlled trials to document the safety and efficacy of ARICEPT® in any illness occurring in children. **ADVERSE REACTIONS Adverse Events Leading to Discontinuation** The rates of discontinuation from controlled clinical trials of ARICEPT® due to adverse events for the ARICEPT® 5 mg/day treatment groups were comparable to those of placebo-treatment groups at approximately 5%. The rate of discontinuation of patients who received 7-day escalations from 5 mg/day to 10 mg/day, was higher at 13%. The most common adverse events leading to discontinuation, defined as those occurring in at least 2% of patients and at twice the incidence seen in placebo patients, are shown in Table 1.

Table 1. Most Frequent Adverse Events Leading to Withdrawal from Controlled Clinical Trials by Dose Group

Dose Group	Placebo	5 mg/day ARICEPT®	10 mg/day ARICEPT®
Patients Randomized	355	350	315
Event/%Discontinuing			
Nausea	1%	1%	3%
Diarrhea	0%	<1%	3%
Vomiting	<1%	<1%	2%

Most Frequent Adverse Clinical Events Seen in Association with the Use of ARICEPT® The most common adverse events, defined as those occurring at a frequency of at least 5% in patients receiving 10 mg/day and twice the placebo rate, are largely predicted by ARICEPT®'s cholinomimetic effects. These include nausea, diarrhea, insomnia, vomiting, muscle cramp, fatigue and anorexia. These adverse events were often of mild intensity and transient, resolving during continued ARICEPT® treatment without the need for dose modification. There is evidence to suggest that the frequency of these common adverse events may be affected by the rate of titration. An open-label study was conducted with 269 patients who received placebo in the 15- and 30-week studies. These patients were titrated to a dose of 10 mg/day over a 6-week period. The rates of common adverse events were lower than those seen in patients titrated to 10 mg/day over one week in the controlled clinical trials and were comparable to those seen in patients on 5 mg/day. See Table 2 for a comparison of the most common adverse events following one and six week titration regimens.

Table 2. Comparison of Rates of Adverse Events in Patients Titrated to 10 mg/day Over 1 and 6 Weeks

	No titration		One-week titration	Six-week titration
Adverse Event	Placebo (n=315)	5 mg/day (n=311)	10 mg/day (n=315)	10 mg/day (n=269)
Nausea	6%	5%	19%	6%
Diarrhea	5%	8%	15%	9%
Insomnia	6%	6%	14%	6%
Fatigue	3%	4%	8%	3%
Vomiting	1%	3%	8%	5%
Muscle cramps	2%	0%	8%	3%
Anorexia	1%	3%	4%	3%

Adverse Events Reported in Controlled Trials The [illegible] under closely monitored conditions of clinical trials in a highly selected patient population [illegible] clinical trials, these frequency estimates may not apply, as the conditions of use, reporting [illegible] may differ. Table 3 lists treatment emergent signs and symptoms that were reported in [illegible] trials who received ARICEPT® and for which the rate of occurrence was greater for ARI[illegible] patients. In general, adverse events occurred more frequently in female patients [illegible].

Table 3. Adverse Events Reported in Controlled Clinical Trials in at Least 2% of Patients Receiving ARICEPT® (donepezil HCl) and at a Higher Frequency than Placebo-treated Patients

Body System/Adverse Event	Placebo (n=355)	ARICEPT® (n=747)
Percent of Patients with any Adverse Event	**72**	**74**
Body as a Whole		
Headache	9	10
Pain, various locations	8	9
Accident	6	7
Fatigue	3	5
Cardiovascular System		
Syncope	1	2
Digestive System		
Nausea	6	11
Diarrhea	5	10
Vomiting	3	5
Anorexia	2	4
Hemic and Lymphatic System		
Ecchymosis	3	4
Metabolic and Nutritional Systems		
Weight Decrease	1	3
Musculoskeletal System		
Muscle Cramps	2	6
Arthritis	1	2
Nervous System		
Insomnia	6	9
Dizziness	6	8
Depression	<1	3
Abnormal Dreams	0	3
Somnolence	<1	2
Urogenital System		
Frequent Urination	1	2

Other Adverse Events Observed During Clinical Trials ARICEPT® has been administered to over 1700 individuals in clinical trials worldwide. Approximately 1200 of these patients have been treated for at least 3 months and more 1000 patients have been treated for at least 6 months. Controlled and uncontrolled trials in the United States inc approximately 900 patients. In regards to the highest dose of 10 mg/day, this population includes 650 patients treated for 3 m 475 patients treated for 6 months and 116 patients treated for over 1 year. The range of patient exposure is fro 1214 days. Treatment emergent signs and symptoms that occurred during 3 controlled clinical trials and two open-labe in the United States were recorded as adverse events by the clinical investigators using terminology of their own cho To provide an overall estimate of the proportion of individuals having similar types of events, the events were grouped smaller number of standardized categories using a modified COSTART dictionary and event frequencies were calculated all studies. These categories are used in the listing below. The frequencies represent the proportion of 900 patients fro trials who experienced that event while receiving ARICEPT®. All adverse events occurring at least twice are included, for those already listed in Tables 2 or 3, COSTART terms too general to be informative or events less likely to be drug c Events are classified by body system and listed using the following definitions. *frequent adverse events*—those occu at least 1/100 patients; *infrequent adverse events*—those occurring in 1/100 to 1/1000 patients. These adverse eve not necessarily related to ARICEPT® treatment and in most cases were observed at a similar frequency in placebo-treated in the controlled studies. No important additional adverse events were seen in studies conducted outside the United **Body as a Whole**: *Frequent*: influenza, chest pain, toothache; *Infrequent*: fever, edema face, periorbital edema, hiatal, abscess, cellulitis, chills, generalized coldness, head fullness, listlessness. **Cardiovascular System:** *Fr* hypertension, vasodilation, atrial fibrillation, hot flashes, hypotension; *Infrequent*: angina pectoris, postural hypotension, m infarction, AV block (first degree), congestive heart failure, arteritis, bradycardia, peripheral vascular disease, supravel tachycardia, deep vein thrombosis. **Digestive System:** *Frequent*: fecal incontinence, gastrointestinal bleeding, bloating, pain; *Infrequent*: eructation, gingivitis, increased appetite, flatulence, periodontal abscess, cholelithiasis, diverticulitis, drooling, dy fever sore, gastritis, irritable colon, tongue edema, epigastric distress, gastroenteritis, increased transaminases, hemorrhoids, ileus, thirst, jaundice, melena, polydipsia, duodenal ulcer, stomach ulcer. **Endocrine System:** *Infrequent*: diabetes mellitus, goite **and Lymphatic System:** *Infrequent*: anemia, thrombocythemia, thrombocytopenia, eosinophilia, erythrocytopenia. **Metab Nutritional Disorders:** *Frequent*: dehydration, *Infrequent*: gout, hypokalemia, increased creatine kinase, hyperglycemia, weight increased lactate dehydrogenase. **Musculoskeletal System:** *Frequent*: bone fracture; *Infrequent*: muscle weakness fasciculation. **Nervous System:** *Frequent*: delusions, tremor, irritability, paresthesia, aggression, vertigo, ataxia, increas restlessness, abnormal crying, nervousness, aphasia; *Infrequent*: cerebrovascular accident, intracranial hemorrhage, ischemic attack, emotional lability, neuralgia, coldness (localized), muscle spasm, dysphoria, gait abnormality, hy hypokinesia, neurodermatitis, numbness (localized), paranoia, dysarthria, dysphasia, hostility, decreased libido, me emotional withdrawal, nystagmus, pacing. **Respiratory System:** *Frequent*: dyspnea, sore throat, bronchitis; *Infrequent*: post nasal drip, pneumonia, hyperventilation, pulmonary congestion, wheezing, hypoxia, pharyngitis, pleurisy, pulmonar sleep apnea, snoring. **Skin and Appendages**: *Frequent*: pruritus, diaphoresis, urticaria, *Infrequent*: dermatitis, eryth discoloration, hyperkeratosis, alopecia, fungal dermatitis, herpes zoster, hirsutism, skin striae, night sweats, skin ulcer. **Senses**: *Frequent*: cataract, eye irritation, vision blurred; *Infrequent*: dry eyes, glaucoma, earache, tinnitus, b decreased hearing, retinal hemorrhage, otitis externa, otitis media, bad taste, conjunctival hemorrhage, ear buzzing, motion spots before eyes. **Urogenital System:** *Frequent*: urinary incontinence, nocturia, *Infrequent*: dysuria, hematuria, urina metrorrhagia, cystitis, enuresis, prostate hypertrophy, pyelonephritis, inability to empty bladder, breast fibroadenosis, breast, mastitis, pyuria, renal failure, vaginitis. **Postintroduction Reports** Voluntary reports of adverse events associated with ARICEPT® that have been received since market introduction that are not listed above, and that there is data to determine the causal relationship with the drug include the following: abdominal pain, agitation, ch confusion, convulsions, hallucinations, heart block (all types), hemolytic anemia, hepatitis, hyponatremia, malignant syndrome, pancreatitis, and rash. **OVERDOSAGE Because strategies for the management of are continually evolving, it is advisable to contact a Poison Control Center to determine t recommendations for the management of an overdose of any drug.** As in any case of overdose, general measures should be utilized. Overdosage with cholinesterase inhibitors can result in cholinergic crisis characterize nausea, vomiting, salivation, sweating, bradycardia, hypotension, respiratory depression, collapse and convulsions muscle weakness is a possibility and may result in death if respiratory muscles are involved. Tertiary anticholinerg atropine may be used as an antidote for ARICEPT® overdosage. Intravenous atropine sulfate titrated to effect is rec an initial dose of 1.0 to 2.0 mg IV with subsequent doses based upon clinical response. Atypical responses in blo and heart rate have been reported with other cholinomimetics when co-administered with quaternary anticholiner glycopyrrolate. It is not known whether ARICEPT® and/or its metabolites can be removed by dialysis (hemodialysis dialysis, or hemofiltration). Dose-related signs of toxicity in animals included reduced spontaneous movement, pro staggering gait, lacrimation, clonic convulsions, depressed respiration, salivation, miosis, tremors, fasciculatio body surface temperature. **DOSAGE AND ADMINISTRATION** The dosages of ARICEPT® shown to be effective clinical trials are 5 mg and 10 mg administered once per day. The higher dose of 10 mg did not provide a statistically greater clinical benefit than 5 mg. There is a suggestion, however, based upon order of group mean scores an analyses of data from these clinical trials, that a daily dose of 10 mg of ARICEPT® might provide additional ben patients. Accordingly, whether or not to employ a dose of 10 mg is a matter of prescriber and patient preference. E the controlled trials indicates that the 10 mg dose, with a one week titration, is likely to be associated with a high of cholinergic adverse events than the 5 mg dose. In open label trials using a 6 week titration, the frequency adverse events was similar between the 5 mg and 10 mg dose groups. Therefore, because steady state is not ac days and because the incidence of untoward effects may be influenced by the rate of dose escalation, treatmer of 10 mg should not be contemplated until patients have been on a daily dose of 5 mg for 4 to 6 weeks. ARICEP taken in the evening, just prior to retiring, and may be taken with or without food.

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(continued) limit sweets. Her weight is normal. She gets regular checkups, Pap smears and mammograms.

"That's all good news," says Trippel. The Mayo test results show that Laurie's EKG is normal, as are her cholesterol, triglycerides and blood-sugar levels. Trippel is especially pleased with Laurie's HDL, or "good" cholesterol. Normal levels range from 20 to 40; hers is 73. High HDL levels translate into a low risk of heart disease. "I'm taking after my mother's family, not my father's," says Laurie, relieved. "I'm glad to hear that."

What's wrong: Without any symptoms to warn her, Laurie is developing osteoporosis. On a bone density test, she scored negative 0.2, evidence that her bones are thinning. "That means your bones are leaching calcium," says Trippel. "You want that score to be a positive number. Once it dips to negative 2.5, by definition, you have osteoporosis."

A recent study found that bone thinning is "grossly under-diagnosed" in the U.S. Half of postmenopausal women, nearly 20 million, are losing bone mass and don't know it. "I thought osteoporosis was for skinny women," Laurie says, amazed.

Laurie is developing osteoporosis. "It's good to know early," she says, "when I can do something about it"

What she needs to do: Trippel begins with Laurie's back pain. "Most lower back pain is aggravated by out-of-shape abdominal muscles," says the physician. "Exercise helps. Walk half an hour a day and you'll be amazed at the results." A weight-bearing exercise, walking will also help Laurie retain some bone mass.

In addition to exercise, she needs more calcium to build bone mass. Adding up her daily intake of yogurt, cheese and milk equals only 700 mg. Trippel's advises her to start taking supplements to bring her daily total to 1,500 mg. "No generic brands. Some don't work," the doctor warns. "And make sure your daily vitamin includes D, which helps your body absorb calcium."

Is Laurie a candidate for HRT? Trippel says yes. Instead of pills, however, she suggests patches, which lower the risk of blood clots.

After the consultation, Laurie looks shaken. "I never dreamed I had a problem," she says about the osteoporosis. "But it's good to know early, when I can still do something about it."

Less fat, more exercise



Jeff Bernardy, 43
Research chemist
Height: 5'11"
Weight: 180 pounds

Health history: Jeff has little time for exercise. Like Laurie, he suffers from chronic lower back pain, which he attributes to an old injury. And then there's his snoring, which is so bad that it wakes up Laurie several times a night. "I get tired after lunch," he tells the doctor. "Is that normal?"

Jeff's dad, 74, had a heart attack in his late 60s and has had heart bypass surgery. His mother, 72, is in relatively good health but suffers from joint pain.

What he's doing right: Jeff's weight is good for his height, and he doesn't smoke or abuse alcohol. He goes to the doctor regularly.

What's wrong: Jeff's total cholesterol is 218; the recommended level is 200. His LDL, or "bad" cholesterol, is 138, his HDL is 42, his triglycerides, 192. "That's twice what they should be," says Jeff, alarmed when he learns what the normal levels are.

Jeff's cholesterol levels are twice what they should be

What he needs to do: Trippel tells Jeff that he should work to raise his HDL above 50 and lower his triglycerides to under 100. "For people with a family history of heart disease, we also advise an LDL level below one hundred," says Trippel. She suggests a two-pronged attack: reducing fat in his diet and increasing his aerobic exercise to 20 minutes three to five times per week.

As far as Jeff's back pain, Trippel says, "We've discovered that a high percentage of patients get better on their own with conservative therapies"—such as stretches to maintain flexibility and exercises like modified sit-ups, done with knees bent (to build up his abdominal muscles and ease the strain on his back). She also instructs him not to lift anything over 25 pounds and to wear a lumbar support when he does physical work around the house.

For his snoring and lack of energy, Trippel recommends Jeff go to a sleep clinic to rule out sleep apnea. If the cause of his problem isn't serious, she suggests a trick to stop it: sewing a pocket on the back of his pajamas and putting a tennis ball inside to keep him from sleeping on his back. "It sounds simple, but it works," she says. *(continued on page 118)*

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(continued from page 115)

A model patient



Erin, 8
Height: 4'4"
Weight: 80 pounds
Health history: Erin suffers from allergies caused by everything from dust mites to cats and dogs. In addition, she was diagnosed with asthma when she was 18 months old. She has had three serious attacks which sent her to the ER, and currently uses a nebulizer. "Sometimes it's scary," says Erin. However, the attacks have lessened so that she hasn't needed steroid therapy in more than two years. Her pediatrician believes she may outgrow the asthma.
What she's doing right: "Erin's a good vegetable and salad eater. She drinks her milk," her mother, Laurie, tells Mayo pediatrician Marcie Smith, M.D. Erin, who's on a swim team, also gets plenty of exercise.

Smith agrees with Erin's current allergy treatment, the prescription drug Allegra, and her pediatrician's assessment that she may outgrow the asthma. With everything satisfactory, Smith doesn't order any tests beyond a basic hearing and vision screening. "There's really nothing else required at this age," she explains. "With children, we look at the medical side, but the social side is as important, monitoring kids' development."

Doctors believe Erin may outgrow her asthma

What to watch for: "Erin is eating well and she's doing a fair amount of exercise," says Smith. "Her height-to-weight ratio is good." This is important because American children are getting heavier at an alarming rate, with the number of obese youths skyrocketing over the past 12 years, according to a recent study published in the *Journal of the American Medical Association*. Obesity can lead to illness, including Type 2 diabetes and heart disease.

In light of Laurie's developing osteoporosis, Erin needs plenty of calcium while her bones are still gaining mass. That means 800 mg a day for now. From ages 9 to 13, she should consume 1,300 mg of calcium daily.

Many American children don't get enough calcium, says Smith. "The easiest source is milk and milk products."

The six medical tests you must get

"These tests could save thousands of lives," says Donald Hensrud, M.D., a Mayo Clinic specialist in nutrition and preventive medicine.

For women:

1. Pap smears at age 18 or the start of sexual activity, then every year thereafter
2. Mammograms beginning at age 40, then annually

For men:

3. PSA screening for prostate cancer beginning at age 50, then every year thereafter

For both sexes:

4. Lipid screenings, which monitor cholesterol and triglyceride levels, at age 20, then every five years
5. Blood-pressure checks every two years beginning at age 20
6. Colon cancer testing at age 50, then every five years

Note: These are guidelines only. For more information, see your doctor

Saving his skin



Travis, 10
Height: 4'8"
Weight: 95 pounds
Health history: For the most part, Travis is a healthy, active child. At 4, he was diagnosed with eczema, or sensitive skin. Like his sister, Erin, he's on a swim team and practices two or three times a week.

His parents strictly limit the amount of time he spends watching TV and playing video games.
What he's doing right: "You're a pretty healthy guy," says Mayo pediatrician Jay Hoecker, M.D. Travis's height and weight are normal, he eats well and gets plenty of exercise. Hoecker uses the computer to plot the boy's growth curve, predicting he'll be almost six feet tall.

Because of skin problems, the doctor advises Travis to limit his sun exposure

What's wrong: Travis's skin problems lead Hoecker to prescribe a new regimen: a humidifier in his bedroom during the dry winter months, a bath with bath oil instead of a shower at least once a week, a mild moisturizing soap and an after-bath moisturizer.
What to watch for: Hoecker suggests that Laurie and Jeff limit Travis's sun exposure and make sure he wears sunscreen with an SPF of at least 15. "Any mole larger than a pencil eraser, star shaped, jagged edges, or several colors, those are the ones you need to have checked," he says.

As he does with all his young patients, the doctor recommends that Travis have his first lipid screen in high school, to document his cholesterol levels. "That way you have a baseline," says Hoecker. "It'll tell you what's ideal for him." ■



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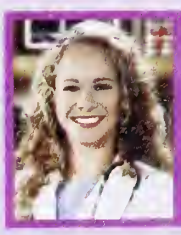




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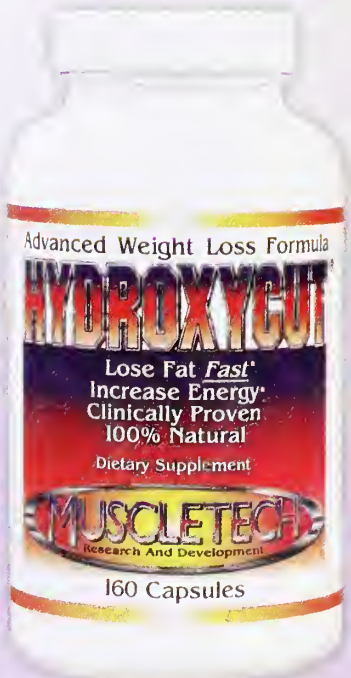
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Capturing a Nation's Spiri

On the outstretched wings of the mighty eagle, a nation's spirit rides

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The forgotten checkups

These tests are often overlooked, but they are vital to your health. Find out what *your* medical exam may be missing **By Ronny Frishman**



If you're like most of us, you rarely visit the doctor's office unless you or someone in your family is sick. That can mean neglecting key medical exams, such as those that screen for disorders of the eyes, ears and skin.

To help you and your family stay healthy, LHJ worked with the experts at the Mayo Clinic to compile these guidelines for hearing, vision and skin exams:

Hearing

Approximately 28 million Americans are deaf or hearing impaired, making hearing loss one of the most prevalent chronic-health problems in the U.S. Evidence suggests that people lose their hearing today earlier than in the past. Much of the blame can be attributed to our noise-polluted world, but injuries, infections and genetic factors can also cause hearing loss.

Children: Three of every 1,000 infants come into the world with diminished hearing, and more than 3 million children live with some loss. Otitis media, a middle-ear infection that can cause fluid buildup behind the eardrum, is the most common cause of hearing loss in young children. It usually clears up with antibiotics, but occasionally requires surgery or the insertion of a ventilation tube.

Identifying hearing problems in infancy is critical because language development occurs during a child's [illegible] years. Hearing screening is recommended for all newborns to check for congenital deafness and hearing deficits; the practice is currently mandated in about 32 states.

Adults: People in high-noise jobs, such as airport or factory work, should be screened by an audiologist at the start of the job and then every one to five years.

See a doctor immediately if: you experience dizziness or tinnitus (noise in the ears). Any sudden loss of hearing could indicate autoimmune hearing loss and require immediate medical attention.

Health tip: Avoid excessive noise and wear earplugs while exposed to loud sounds, riding in noisy vehicles or using power tools. Keep radio and CD player headset volumes at low, comfortable levels. How loud is too loud? If the sound from someone's headphones can be heard in the room, the volume is unsafe.

Vision

Eighty million Americans have eye disorders that can steal sight. Regular eye exams are important because some dangerous conditions—such as glaucoma, diabetic retinopathy and age-related macular degeneration—can progress silently, leaving many people without treatment until it's too late to save their vision.

Children: All newborns should have an eye exam by a pediatrician. The baby should be screened again between 3 and 6 months old. Strabismus, or misaligned eyes, is a possible cause of poor vision in children, sometimes requiring surgery.

The next screening should occur around age 9 months to a year, to look for amblyopia, or "lazy eye." Treatment forces use of the weak eye (vision correction is not as good if started after age 4).

Myopia, or nearsightedness, can begin when children are school age. By the time they enter high school, 15 percent of kids are nearsighted.

Adults: A comprehensive eye exam should be performed around age 20. This includes evaluation of the retina with an ophthalmoscope, and tonometry—which tests *(continued)*

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The forgotten checkups

(continued) pressure in the eye and looks for signs of glaucoma. Experts recommend that you have at least two similar eye exams by an ophthalmologist during your 30s.

After age 40, you should have eye checkups every two to four years. More frequent exams are advised for African Americans (who face greater risk for glaucoma), people with diabetes and those with a family history of eye disease.

Presbyopia, the inability to focus, worsens with age. By the time they turn 50, virtually every adult needs lenses to correct the problem.

See a doctor immediately if: you experience extreme sensitivity to light, tearing, or persistent pain. These are warning signs of glaucoma.

Health tip: Wear protective eyewear when playing sports, mowing the lawn, working with chemicals or performing any hazardous activity. To safeguard the eyes from the sun, look for good-quality sunglasses with lenses that block both UVB and UVA rays.

Skin

More than 1.3 million new cases of skin cancer are diagnosed each year. Though children rarely get skin cancer, 80 percent of a person's sun exposure occurs in childhood—causing moles, freckles and other damage that can lead to skin cancer later in life. Melanoma, which is the most serious type of skin cancer and is curable if caught early, often traces back to just one severe sunburn in youth. Slathering on sunscreen and vigilance toward skin changes—particularly if you have red hair, fair skin or a family history of melanoma—are the best defenses against skin cancer.

Children: Pediatricians should examine a baby's entire skin at birth, and during subsequent well-child visits. Parents need to familiarize themselves with their child's skin and alert the physician to any unusual marks or moles. Abnormalities may require a referral to a dermatologist. Large congenital nevi, moles that may increase risk of melanoma, should be monitored and eventually removed.

Adults: People in their 20s with numerous moles should see a dermatologist. The doctor will visually examine the entire skin, including the scalp and buttocks. Anything deemed suspicious likely will be removed and sent for a biopsy to see if cancer is present.

In the 30s, skin starts developing dark spots, freckling and bumps that should be assessed. It's a good idea to set up a schedule—perhaps every one to three years—for regular skin checkups with a dermatologist. Over age 40, complete skin exams are recommended at least every two years, or annually if a person has had precancerous lesions.

See a doctor if: you have a mole that bleeds, changes color or grows, or a sore that doesn't heal completely. It may indicate skin cancer or another serious condition.

Health tip: Avoid the sun from 10 A.M. to 4 P.M.; apply sunscreen with a minimum 15 SPF daily; and wear a wide-brimmed hat and protective clothing when outside. ■

HOW TO GIVE YOURSELF A SKIN EXAM

Once a month, stand naked and do a complete self-check, using a hand mirror to examine hard-to-see areas such as the back and neck. Look in the creases of your skin, on the bottom of your feet and between your toes. Ask someone to help check your scalp, using a blow-dryer to move the hair. Give your children the same type of skin exam regularly.

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For people with type 2 diabetes

"By taking care of my diabetes, I take care of my family."

"I've made the commitment for myself, but it's also for my family. For my wife and my two beautiful daughters – they're everything to me. All I have to do is look at them, any one of them, and I find all the strength, all the reason, all the determination I need to take better care of myself.

"I was eating better, exercising more. But that still wasn't enough. So my doctor added *Avandia*. It makes my body more responsive to its own natural insulin, so I can control my blood sugar more effectively.

"So finally, with the help of *Avandia*, I'm controlling my type 2 diabetes, instead of the other way around. And while not everybody gets the same results, I've been able to keep my blood sugar down for just about a year now. That's the strength of doing things right."

Avandia, along with diet and exercise, helps improve blood sugar control. It may be prescribed alone, with Glucophage® (metformin HCl tablets) or with sulfonylureas. When taking *Avandia* with a sulfonylurea, you may be at risk for low blood sugar. Ask your doctor whether you need to lower your sulfonylurea dosage.

Some people may experience tiredness, weight gain or swelling with *Avandia*.

Avandia in combination with insulin may increase the risk of serious heart problems. Because of this, talk to your doctor before using *Avandia* and insulin together. *Avandia* may cause fluid retention, or swelling, which could lead to or worsen heart failure, so tell your doctor if you have a history of these conditions. If you experience an unusually rapid increase in weight, swelling or shortness of breath while taking *Avandia*, talk to your doctor immediately. *Avandia* is not for everyone. If you have severe heart failure or active liver disease, *Avandia* is not recommended.

Also, blood tests to check for serious liver problems should be conducted before and during *Avandia* therapy. Tell your doctor if you have liver disease, or if you experience unexplained tiredness, stomach problems, dark urine or yellowing of the skin while taking *Avandia*. See important patient information on the following page.

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Patient Information about AVANDIA® (rosiglitazone maleate) 2 mg, 4 mg, and 8 mg Tablets

What is *Avandia*?
Avandia is one product in a class of prescription drugs called thiazolidinediones (thigh-a-zol-a-deen-die-owns) or TZDs. It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body probably still produces insulin but it is not able to use the insulin efficiently. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take 8 to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day or twice a day (in the morning and evening). It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of the disease is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia* alone or in combination with other antidiabetic drugs (i.e., sulfonylureas or metformin) may improve these other efforts by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other m cations, including other antidiabetic medications, control pills, warfarin (a blood thinner), Zantac® (raniti an antiulcer product from GlaxoSmithKline), certain medications, and some cholesterol-lowering products should discuss with your doctor the most appropriate for you. If you are taking prescription or over-the-co products for your diabetes or for conditions other diabetes, be sure to tell your doctor. Sometimes a pa who is taking two antidiabetic medications each day become irritable, lightheaded or excessively tired. Tell doctor if this occurs; your blood sugar levels may be d ping too low, and the dose of your medication may ne be reduced.

What should I discuss with my doctor before ta *Avandia*?
Avandia in combination with insulin may increase the r serious heart problems. Because of this, talk to your d before using *Avandia* and insulin together. *Avandia* cause fluid retention or swelling which could lead worsen heart failure, so tell your doctor if you have a hi of these conditions. You should also talk to your doc you have liver problems, or if you are nursing, pregna thinking of becoming pregnant. If you are a premenopa woman who is not ovulating, you should know that *Ava* therapy may result in the resumption of ovulation, which increase your chances of becoming pregnant. There you may need to consider birth control options.

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. most common side effects reported by people ta *Avandia* were upper respiratory infection (cold-like sy toms) and headache. As with most other diabetes me tions, you may experience an increase in weight. You also experience edema (swelling) and/or anemia (l ness). If you experience any swelling of your extrem (e.g., legs, ankles) or tiredness, notify your doctor. Ta your doctor immediately if you experience edema, s ness of breath, an unusually rapid increase in weigh other symptoms of heart failure.

Who should not use *Avandia*?
You should not take *Avandia* if you are in the later stag heart failure or if you have active liver disease. The fo ing people should also not take *Avandia*: People with 1 diabetes, people who experienced yellowing of th with Rezulin® (troglitazone, Parke-Davis), people wh allergic to *Avandia* or any of its components and p with diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure your sugar control. Blood tests to check for serious liver lems should be conducted before starting *Avandia*, e months during the first year, and periodically thereaf

It is important that you call your doctor immediately experience unexplained symptoms of nausea, vo stomach pain, tiredness, anorexia, dark urine, or yello the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a proof container out of the reach of children. Store *A* in its original container.

GlaxoSmithKline

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ntinued from page 52

y was just going to pass, but as I sit ere, I feel awful. I have terrible sh-forwards to future joyless Christ- ases without Kirsten.

Fortunately, there is some kind of nspiracy among the nurses on her oor to break the rules and allow owen to visit her today. Kirsten sits in bed, pale, bald and smiling, say- g "Hi, sweetie!" I expect Rowen to running into her arms, but I guess s is scary for her, so she clings to e. Three weeks ago, Rowen would if I picked her up from preschool thout Kirsten. Now I am the new mber-one.

Eventually, Rowen agrees to sit on r mom's bed if she can be on my , so the two of us sit there while rsten hugs us. It is the saddest, hap- est reunion I will probably ever ve, and this holiday finally feels like nakes some sense.

ound two

sten leaves the hospital shortly af- Christmas. While it is wonderful ing her home, contemplating the t round of treatment is that much der, because we know what it's go- to be like. I just want to be a nor- l person again. I feel like I've been hold for three months.

But the sad fact is that we will never our lives back to the way they were ore. There will always be appoint- nts, test results, drugs and possibly geries. Even under the best of cir- nstances, we're not really talking ut a cure. We're talking about keep- the cancer at bay for a period of e. We can't wait for later to figure how to put a life together. We have o it now. But I've forgotten how.

t is the first Sunday of 2001, and ur church, we light candles and re hopes and concerns for the new r. When I get to the microphone, I t to cry, but I eventually say: "My e for the new year is that my e. Kirsten, can be healed, and that er people who are suffering can the same love and support that we have gotten from friends, family and from this church."

The next round of high-dose chemo takes just a week. Kirsten doesn't get sick, and instead of shutting her inside the sterile room, they allow her to leave her hospital door open. In terms of getting medicine to fight her cancer, we're done. And I am terrified. The doctors have used everything in their arsenal, and now it's, "Well, we'll wait a couple of weeks and see how it worked." I am just not mentally prepared to have that information if it's anything at all except complete victory against the cancer.

Kirsten still has palpable lumps in her breast, but they are considerably smaller than they once were. Doctors will do a mastectomy and radiation, and hope that the next PET scan (which detects tumors) will show that the stuff in her spine is gone. Should her tumor markers start to rise, they will start her on the new anticancer drug Herceptin, which could keep her condition stable for years.

Dr. J says she knows we want the certificate that says "Kirsten C. Shanks will live disease-free for at least ten years!" But the bottom line is that we just won't know. All we know is that she can relax and not worry about dying for a while.

A celebration of life

For Kirsten's birthday in March 2001, I feel like we need a celebration, so we invite all our friends over. Today it is the morning after and, as I always do after eating too much, I feel disgusting. But most of all, I feel happy because Kirsten is 33, I have friends I love, and I can hear Rowen down the hall. I am happy because we seem to have one of many hopeful outcomes.

If you are at all like me, what you want is a real ending. I always hate movies and books that just stop, or that get cutesy with the end. But in our case, it looks like medical science can't write a definitive conclusion. So here is the most important fact: Kirsten is alive today. So am I. So is Rowen. And I guess that has to be enough. ■

As a kid,
she taught you
everything
you needed to know
about
staying
healthy



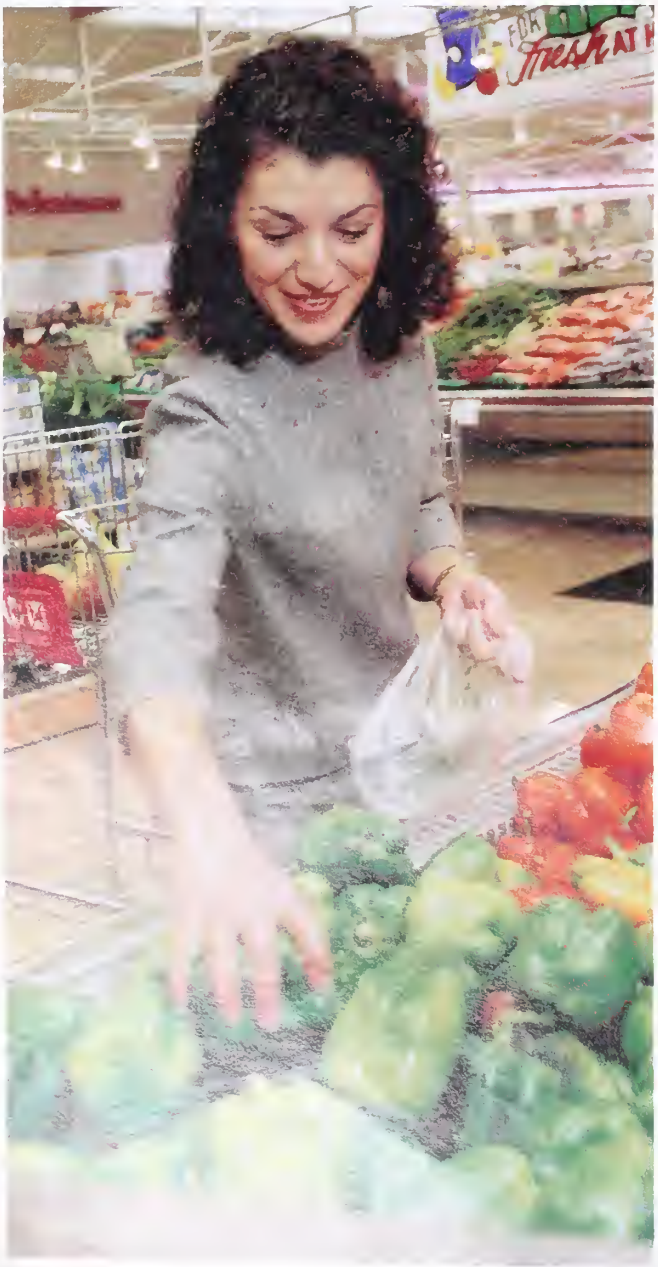
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What the doctor orders

What are the best foods to help prevent such illnesses as cancer, heart disease and diabetes? To find out what doctors feed their own families, LHJ went grocery shopping with five specialists from the Mayo Clinic **By Sharlene K. Johnson**



PORTION PATROL

Maria L. Collazo-Clavell, M.D., an endocrinologist who specializes in diabetes, is married to a cardiologist and has three children, ages 12 months, 8 and 10.

A few of the things in her shopping cart:

- Onions, cucumbers, romaine lettuce, red and green peppers: "We try to eat salad often."
- Skinless chicken breasts and pork chops: "Leaner cuts of meat are healthiest."
- Baked potato chips: "Lower in fat than regular chips; good for snacking."
- White bread with added fiber: "My kids don't like whole wheat, so this way they get the fiber they need."

A growing problem: "Servings have gotten out of control, and that's contributing to the rise in obesity and Type 2 diabetes. Years ago, soda came in eight-ounce bottles, and now it's not uncommon to see vending machines with sixteen or even twenty-ounce bottles. Appropriate portion sizes are key to a healthy diet."

Downsizing: "I used to buy enough meat to feed up to six people, but that's too much for two adults and two kids. Many people are surprised when they see that a three-ounce serving of meat is only the size of a deck of cards."

"I put vegetables in rice or pasta. The kids don't even notice them"

Must-have food: "Low-fat milk. Adults and kids today don't get enough dietary calcium."

Added incentives: "It takes a little extra effort to sell healthy things to my middle child. I sometimes sprinkle sugar on top of strawberries, for instance—whatever it takes to get her to eat fruits and vegetables!"

Little indulgences: "We do buy bacon or sausage but have it only a couple of times a month as a treat. We also buy ice cream, although we serve only one scoop and rarely use toppings."

Bottom line: If you want it, eat it—in moderation."

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FOODS THAT HELP PREVENT CANCER

Clinical nutritionist Peggy Menzel, R.D., L.D., and her husband, oncologist Edward Creagan, M.D., nearly always do their food shopping together. Both are vegetarian.

A few of the things in their shopping cart:

- Tomatoes: "They're loaded with lycopene, a type of antioxidant."
- Carrots: "A great snack with zero fat."
- Peanut butter: "We buy the natural kind, which is not hydrogenated. It's better for your heart."
- Juice: "Look for one hundred percent juice, not juice cocktail, because there is no added sugar."
- Shredded mozzarella: "Cheese is high in fat, so we use it in moderation."

The value of veggies: "A plant-based diet is of greatest value in decreasing the risk of cancer," says Creagan. "Best bets for cancer-fighting foods include vegetables, fruits, fish and whole grains, legumes and other high-fiber, low-fat foods."

Her must-have food: "I eat at least one apple every day. They are rich in pectin (a soluble fiber) and also in flavonoids and polyphenols, which may protect against cell and tissue damage, cancer, cardiovascular disease and cataracts."

His top pick: "Bananas are one of the first things I put in the cart. They are high in fiber and potassium, and they're easy to carry for lunch or snacks."

Bread winner: "We buy bread that's very high in fiber—one slice has three to five grams, so a single sandwich provides more fiber than many Americans get in a day. Generally speaking, you should aim for about thirty-five grams of fiber daily," says Menzel.

Smart food: "There is some evidence that the fatty content in fish may be a factor in retaining memory and mental sharpness," says Creagan.

His favorite vice: "Lime-flavored tortilla chips."

Her rationale: "At least they're lower in fat than potato chips. Fat-free pretzels, baked chips and low-fat microwave popcorn are other good snack choices."

Pill power: "I take one multivitamin, 500 mg of vitamin C, 400 IU of vitamin E and one baby aspirin daily," says Creagan. "You can debate the value of supplements, but the evidence suggests more benefits than risks."

Bottom line: "People are living longer than ever, so the choices we make today will impact our quality of life for years to come," says Creagan. "Read the label. Your health depends on it."

The healthy grocery list

All of our Mayo specialists buy the following foods. Add them to your shopping list:

- ✓ Apples
- ✓ Bananas
- ✓ Baby carrots
- ✓ Tomatoes
- ✓ Prewashed, bagged salad greens
- ✓ A variety of fresh or frozen vegetables
- ✓ Legumes
- ✓ Oatmeal
- ✓ Skim milk
- ✓ Orange juice with added calcium
- ✓ Olive oil

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Beat-the-clock dinners

These seven recipes give fast food a whole new meaning: All cook up in 30 minutes or less (two in less than 20!). What's more, they'll become family favorites just as quickly



Thai Beef and Pineapple Salad

Prep time: 18 minutes
Cooking time: 3 to 4 minutes

Marinade:
1 tablespoon fresh lime juice
1 tablespoon fish sauce*
½ teaspoon sugar
1 large garlic clove, pressed

1¼ pounds boneless sirloin steak, cut into ½-inch dice

Dressing:
1 tablespoon fresh lime juice
1 tablespoon fish sauce
4 teaspoons lite soy sauce
¾ teaspoon sugar
½ teaspoon sesame oil
½ teaspoon grated fresh ginger
1 medium garlic clove, pressed
1 teaspoon minced jalapeño
1 tablespoon pineapple juice (from canned pineapple)

1 large (6 oz.) bunch watercress, trimmed
½ cup thinly sliced red onion
¼ cup packed basil leaves, thinly sliced

[illegible] vegetable

2 cans (8 oz. each) pineapple snack wedges

1. *Make marinade:* Combine ingredients in a 9-inch glass pie plate; add beef and let stand 10 minutes.
2. *Make dressing:* Meanwhile, combine ingredients in a cup. Set aside.
3. In a large bowl toss the watercress, onion and basil. Set aside.
4. Remove beef from marinade and pat dry with paper towels. Heat [illegible] teaspoons oil in a large nonstick skillet over high heat. Add half the beef and cook 1½ to 2 minutes until well browned. Transfer to a plate. Repeat with remaining oil and beef. Let cool 5 minutes.
5. Toss the watercress mixture and pineapple with the dressing, then top with beef. Serve immediately. Makes 4 servings.

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30 minutes



Orzo, Chicken and Roasted Zucchini Risotto

Prep time: 10 minutes
Cooking time: 20 minutes

4 cups chicken broth
1¾ to 2 cups water
1 medium (7 to 8 oz.) zucchini, cut into ½-inch dice
1 medium onion, cut into ½-inch dice
1 tablespoon olive oil, divided
1¼ pounds boneless, skinless chicken thighs, cut in chunks
1 large garlic clove, pressed
½ teaspoon salt
2 cups orzo pasta
¼ cup diced carrots
¼ teaspoon dried thyme
½ cup freshly grated Parmesan cheese
Freshly ground pepper, optional

1. Arrange oven rack to lowest third of oven. Heat oven to 500°F. Bring the chicken broth and water to a simmer in a medium saucepan.
2. Toss the zucchini and onion with 1½ teaspoons oil in a shallow pan; spread out in a single layer. Bake 6 minutes; stir. Bake until vegetables are golden, stirring once more, 6 minutes more. Remove from oven; set aside.
3. Meanwhile, rub chicken with garlic and salt on a piece of wax paper. Heat the remaining 1½ teaspoons oil in a 12-inch nonstick skillet over high heat until very hot, about 2 minutes. Add the chicken in a single layer and cook, turning once until well browned. Push chicken to one side of pan, add the orzo, and toast, stirring, until golden, 2 minutes. Add the carrots; reduce heat to medium-high.
4. Add the hot broth mixture, 1 cup at a time, every 2 to 3 minutes, stirring continually, as the pasta mixture absorbs the liquid, for 10 minutes using all but ¼ cup of the broth. Stir in the roasted zucchini-onion mixture and the cheese. Add the remaining ¼ cup broth if needed (the risotto will absorb more liquid upon standing). Serve immediately, with a grind of pepper, if desired. Makes 6 servings.

Per serving: 415 calories, 10.5 g total fat, 3.5 g saturated fat, 85 mg cholesterol, 1,114 mg sodium, 47 g carbohydrates, 34 g protein, 146 mg calcium, 2 g fiber

Spicy Meatballs in Pita

Prep time: 10 minutes
Cooking time: 7 to 9 minutes

Sauce:
½ cup plain low-fat yogurt
1 teaspoon fresh lemon juice
½ teaspoon finely minced garlic
¼ teaspoon salt

Meatballs:
¾ pound lean ground beef
1 tablespoon chopped fresh oregano
¾ teaspoon salt
½ teaspoon finely minced garlic
¼ teaspoon ground red pepper

2 teaspoons olive oil
4 (6- or 7-inch) pita breads, cut in half
4 to 8 Boston lettuce leaves
Tomato wedges, optional

1. *Make sauce:* Combine yogurt, lemon juice, garlic and salt in a cup. Set aside.
2. *Make meatballs:* Toss all ingredients in a medium bowl just until combined. Form 1½-inch meatballs (about 16) and place on sheet of wax paper.
3. Heat the oil in a large nonstick skillet over medium-high heat. Add the meatballs and cook 4 to 6 minutes, turning until browned on all sides. Fold a paper towel into quarters and press onto bottom of pan with wooden spoon to soak up all fat; discard. Reduce heat to medium. Add 2 tablespoons water, cover and cook 2 to 3 minutes more just until meatballs are cooked through.
4. Fill each pita with 2 meatballs, 1 tablespoon sauce and lettuce. Makes 4 servings.

Per serving: 375 calories, 15 g total fat, 5.5 g saturated fat, 53 mg cholesterol, 968 mg sodium, 36 g carbohydrates, 22 g protein, 116 mg calcium, 1 g fiber

19 minutes



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Chicken and Olives

Prep time: 12 minutes
Cooking time: 12 to 15 minutes

1 teaspoon paprika
1 teaspoon turmeric or curry powder
¾ teaspoon salt
1¼ pounds boneless, skinless chicken thighs, cut into 1½-inch chunks
1 tablespoon olive oil
1 large onion, cut into thin wedges
2 large garlic cloves, chopped
1 cup chicken broth
3 plum tomatoes, chopped
½ cup pitted manzanilla olives (not stuffed)
½ cup pitted kalamata olives
1 box (10 oz.) couscous, cooked according to package directions

1. Combine paprika, turmeric and salt in a cup. Sprinkle evenly over the chicken.
2. Heat a 12-inch nonstick skillet over medium-high heat. Add the chicken and cook 4 minutes, turning once as it browns. Transfer to a bowl.
3. Add the oil, onion and garlic to same skillet. Cook, stirring frequently, 4 to 5 minutes until onion is translucent and lightly browned. Add the broth, tomatoes, olives and chicken along with any accumulated juices to skillet; bring to a boil. Reduce heat to medium, cover and simmer 4 to 6 minutes just until chicken is cooked through. Serve over couscous. Makes 4 servings.

Per serving: 575 calories, 17 g total fat, 3 g saturated fat, 118 mg cholesterol, 1,538 mg sodium, 65 g carbohydrates, 39 g protein, 60 mg calcium, 4 g fiber



16 minutes



Minute Steaks with Bean and Parsley Salad

Prep time: 10 minutes
Cooking time: 6 minutes

Salad:
2 teaspoons olive oil
1 teaspoon red-wine vinegar
1 large garlic clove, minced
½ teaspoon salt
⅛ teaspoon freshly ground pepper
1 can (15½ oz.) white beans, drained and rinsed
3 medium plum tomatoes, diced
1 cup lightly packed flat-leaf parsley leaves, coarsely chopped

1¼ pounds boneless sirloin steak, no more than ½-inch thick
½ teaspoon salt
⅛ teaspoon freshly ground pepper

1. *Make salad:* Combine the oil, vinegar, garlic, salt and pepper in a bowl. Add the remaining ingredients and toss to combine.
2. Cut the steak into 4 even pieces. Pound each piece between two pieces of waxed paper with a meat pounder or rolling pin to flatten to about ¼ inch. Sprinkle evenly with salt and pepper.
3. Heat a large nonstick skillet over high heat. Add 2 pieces of steak and cook 1 to 1½ minutes per side, until browned and an instant-read thermometer registers 135°F. for medium rare. Repeat with remaining 2 pieces. Serve with Bean and Parsley Salad. Makes 4 servings.

Per serving: 420 calories, 24.5 g total fat, 9 g saturated fat, 95 mg cholesterol, 1,051 mg sodium, 22 g carbohydrates, 34 g protein, 97 mg calcium, 7 g fiber

(continued on page 150)



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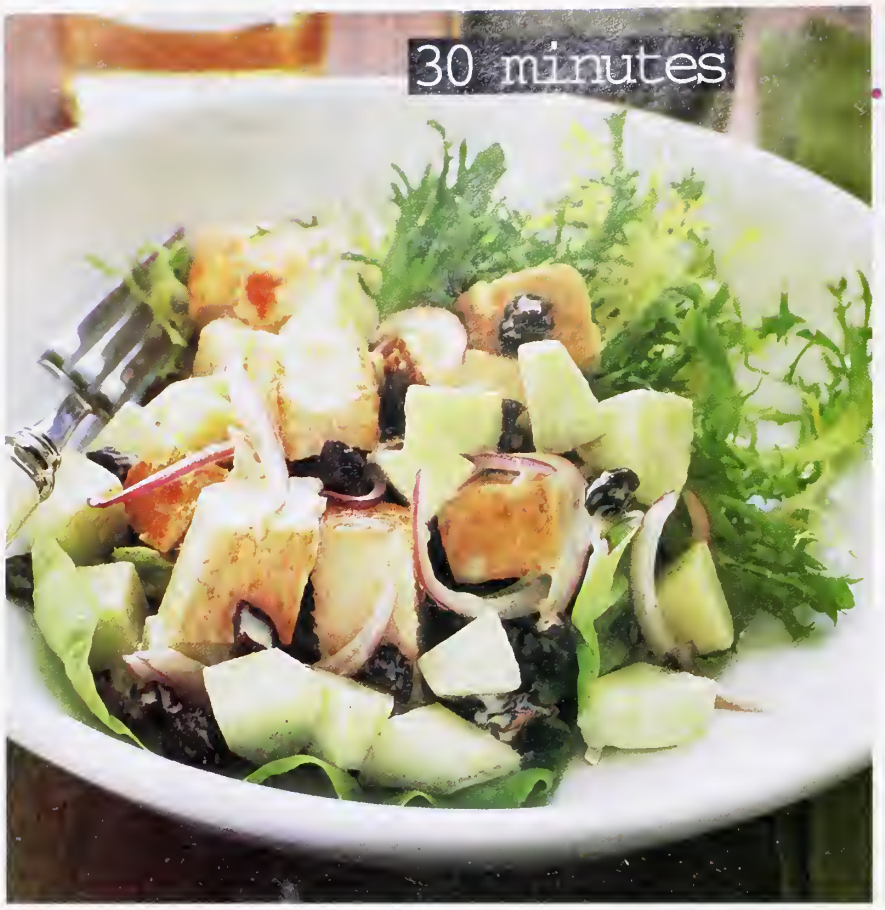
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Continued from page 146



Roasted Chicken Salad

Prep time: 15 minutes
Cooking time: 13 to 15 minutes

4 boneless, skinless chicken breast halves (4 to 5 oz. each)
1½ teaspoons paprika
1½ teaspoons onion powder
¾ teaspoon salt, divided
2 teaspoons olive oil, divided
⅓ cup light mayonnaise
1 tablespoon fresh lemon juice
⅓ cup thinly sliced red onion
¼ cup currants
1 apple (Fuji or Gala), peeled, cored and cut into ½-inch dice

1. Heat oven to 350°F.
2. Pat chicken dry with paper to Combine the paprika, onion powde ½ teaspoon salt in a cup and spr evenly over both sides of chicken.
3. Heat 1 teaspoon oil in a large stick ovenproof skillet over medium heat. Add the chicken; cook 1½ mi per side until browned. Transfer s to oven and bake 10 to 12 minutes until cooked through. Remove oven. Wrap chicken in foil and let 5 minutes. Cut into 1-inch chunks.
4. Meanwhile, stir together ma naise, lemon juice and remaining ¼ spoon salt in a large bowl. Add onion, currants, apple, chicken and accumulated juices, tossing to Makes 4 servings.

Per serving: 280 calories, 10.5 g total fat, 2 g sa fat, 81 mg cholesterol, 674 mg sodium, 15 g ca drates, 30 g protein, 32 mg calcium, 1 g fiber

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ank Steak with ucumber-Pepper elish

p time: 15 minutes
king time: 7 to 10 minutes, plus anding

ge garlic clove
aspoon salt
aspoon freshly ground pepper
ounds flank steak, ¾-inch thick

h:
ups diced English cucumber
ge red bell peppers, seeded and t into ½-inch dice
p finely chopped white onion
p fresh lime juice
lespoon honey
lespoon finely chopped cilantro
dium garlic clove, pressed
ıspoon salt

spoons olive oil

eat oven to 350°F.

2. Chop the garlic and salt on a board to create a paste. Combine with pepper and rub over both sides of steak. Cut steak into 4 equal-size pieces.

3. *Make relish:* Toss all ingredients in a large bowl. Set aside.

4. Heat oil in a 12-inch nonstick skillet over high heat; add steak and cook 1 minute per side until browned. Transfer to oven and cook 5 to 6 minutes until an instant-read thermometer registers 135°F. for medium rare. Let stand 5 minutes before slicing. Serve with relish. Makes 4 servings.

Per serving: 310 calories, 15.5 g total fat, 6 g saturated fat, 70 mg cholesterol, 814 mg sodium, 14 g carbohydrates, 29 g protein, 26 mg calcium, 2 g fiber ■

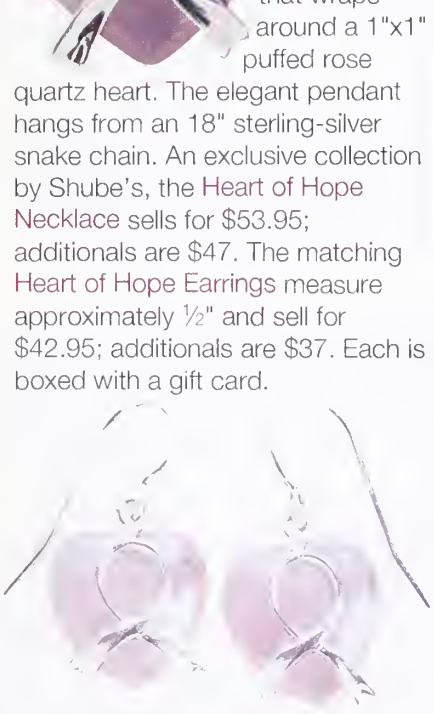
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UNUSUAL ADOPTION

Continued from page 95

including an FBI background check. Both parties sign a contract, in which the genetic parents relinquish their rights to their embryos and the adoptive family assumes legal responsibility for them. The embryos are then shipped to the adoptive family's fertility clinic. As part of its standard policy, Snowflakes also stipulates that the adoptive family must agree not to abort any of the fetuses under any circumstances.

The arrangement, reports Davidson, is seen by both families as nothing short of a blessing.

The Zanes: An urge to give

Before their 1990 wedding, Donna, an only child, was candid with Tim Zane about her family plans. "I missed the brother-sister relationship," says Donna, now 36. "I always wanted at least two children."

In 1991, the Zanes started trying to have a family, but it wasn't until 1997—after numerous treatments and tests and a two-year break to jointly pursue accounting degrees—that they decided to consult a fertility specialist. Finally, the doctor performed a laparoscopy, an out-patient surgery, on Donna and found not only that her right fallopian tube was malformed but also that her left tube was too narrow for an egg to pass through. IVF, the doctor told Donna and Tim, was their only option. In July 1998, Donna took fertility drugs and produced 26 eggs. Eighteen fertilized with Tim's sperm; six embryos were immediately frozen. Of the remaining 12 embryos, four developed enough to be placed in Donna. "The extra embryos gave us peace of mind," she says, "because we planned to try again if the first cycle failed or if we only conceived one child."

When Donna's pregnancy test came back positive and her hormone level indicated multiples, the Zanes assumed they'd conceived twins. A few weeks later, a routine ultrasound found three fetal heartbeats.

But Donna's difficulties didn't st after the good news. At 22 weeks, s was advised to stop working a climbing stairs to prevent prematu labor. Severe contractions sent her the hospital twice. Medication w used to keep her contractions at bay until February 25, 1999, when t triplets were delivered by emergen cesarean at 34 weeks. Amanda, t first to arrive, weighed 3 pounds ounce; T.J. came next at 4 pounds, ounces; and Parker was the largest a pounds, 6 ounces.

For emotional and financial reaso the Zanes decided their family w complete. But what to do with th six frozen embryos? The options p sented at their clinic—giving the e bryos to research, discarding them keeping them in storage—didn't fe right. Their belief that embryos are p tential life, not yet human beings un implantation, led the Zanes to consid an alternative. "We said, 'It's a shan we can't help someone like us,'" calls Tim. Adds Donna: "I couldn stop thinking about the black-an white pictures of the embryos that [t doctor gave us] on the morning of t transfer. That's how life starts couldn't destroy our embryos or d nate them to research."

Initially, Donna and Tim figur they'd offer their embryos to a lo couple they'd choose themselves. B they soon realized that decision co later haunt them: What if they walk into a grocery store, saw children w resembled their triplets, and wo dered, "Are they related to us?"

In July 1999, Tim went online, h ing to locate an organization in and er part of the country that facilita embryo donation. His Internet sea led him to Snowflakes. "We felt co dent that the agency knew what it doing," says Donna. Through Sn flakes the Zanes believed they'd fi couple who met their criteria: fi cially secure enough to raise mul children; educated, with college grees; and practicing some form o ligion. Three months later, they f out the Bordens fit the bill.

Which one of these fibers is 100% soluble?



e Bordens: A change heart

er she married John Borden—a ower 19 years her senior and the er of three grown sons—in August 4, Lucinda, now 37, hoped to be- e pregnant immediately. "I wanted children," she recalls. "John said, give you two.' It seemed like a l compromise."

ut Lucinda, a chief financial offi- or a school district, soon realized even two children might not be ble. Over the next few years her ods became increasingly infre- ut. Her doctor eventually pre- ed Clomid, a drug that stimulates varies, but she still failed to con- . Unwilling to pursue more so- icated infertility treatments such ceiving a donor egg or having due to her religious convictions, ave up hope of getting pregnant. also ruled out an alternative for infertile couples: adoption.

Adopted as an infant, Lucinda had long grappled with abandonment issues and questions about her biological family. She desperately wanted to meet her birth mother, but her adoptive mother vehemently opposed the idea. In 1997, a decade after her adoptive mother's death, Lucinda hired a private investigator, who located her birth mother in Missouri. When the two finally met, Lucinda got the painful answers she'd long awaited: She was the product of an extramarital affair, and her birth mother's husband had insisted Lucinda be given up for adoption.

The reunion, it turns out, erased her fear. "It gave me a clear understanding of who my real mom was—and that's the woman who raised me," says Lucinda, who has since developed a close relationship with her birth mother and three half-sisters. "I realized that if I adopted a child, I would be the real mother. Parenting is about raising a child."

After Lucinda's change of heart, the Bordens contacted five agencies, including Nightlight, which had facilitated Lucinda's own adoption in 1965. Nightlight sent them information about its infant adoption programs as well as Snowflakes'. At first, Lucinda wasn't interested in embryo adoption, because she didn't want to go through even half of an IVF cycle. But John urged her to keep an open mind.

Soon, the Bordens decided to adopt a newborn. They chose Nightlight, paid the $4,500 program fee and began the screening process. Then Lucinda heard a radio interview with the first Snowflakes' adoptive mother and reconsidered her position. "I started to think of adopting embryos as just adopting at an earlier stage," she says. The belief that an embryo is already a child waiting to be born ultimately outweighed Lucinda's opposition to IVF. *(continued)*

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UNUSUAL ADOPTION

Continued

When filling out the Snowflakes' questionnaire, the Bordens disclosed their views on everything from child-rearing to religious upbringing. They also submitted a four-page autobiography and photos. "Although we have busy schedules," they wrote, "our family is our main focus."

The first couple to receive the Bordens' materials rejected them because Lucinda intended to continue to work and send her children to day care. Confident another couple would feel differently, she consulted infertility specialist Jeffrey Nelson to find out what her chances of getting pregnant from a donated embryo were.

Nelson [illegible] while his clients under age [illegible] percent pregnancy [illegible], that number drops [illegible] embryos are [illegible] 70 percent of those [illegible]

the thawing process. Still, the odds didn't dissuade Lucinda from the decision she'd made.

Meanwhile, Tim and Donna Zane reviewed the Bordens' application, the first they'd received. Impressed by the couple's relationship with John's sons and happy that they lived in another part of the country, the Zanes chose Lucinda and John as the adoptive parents.

In December 1999, the couples signed the adoption papers; a few weeks later, Lucinda began taking estrogen and progesterone to prepare her uterus to receive the embryos. The transfer took place on January 31, 2000.

Three of the six embryos survived the thaw and were placed in Lucinda. On Valentine's Day, her pregnancy test was positive; later that month, a routine ultrasound found two heartbeats. Lucinda's pregnancy was blissfully uneventful, and on September 27, 2000, the twins arrived. Luke came first, weighing 5 pounds, ounces; Mark was born two minu later at 6 pounds, 3 ounces. Luci had beaten the odds.

Friends and family

From the moment Lucinda beca pregnant, the Zanes regarded the bies as the Bordens' children. "I kr that genetically they're ours," s Donna, "but I didn't go through pregnancy. I didn't see their heartb on the ultrasound."

Still, the Zanes were apprehen about looking at the baby pictures Bordens e-mailed them. How we they react if one or both babies res bled their triplets? Would it dam the couples' budding friendsh Might they regret having don their embryos?

Ultimately, the images of the t offered the Zanes some relief. Tim thought Luke and Mark looked they could be John's genetic childr

The Bordens agree. "Mark resem-
es John's eldest and youngest sons,"
ys Lucinda. "Luke resembles John's
ddle son."

For the next two years, the Zanes
d the Bordens continued to forge a
iendship over e-mail, regularly
vapping snapshots and parenting
s. Their geographic distance, they
ncurred, provided a comfort level
at wouldn't exist if they were neigh-
rs. And they agreed that one day the
ins would be told the unusual story
their conceptions and births.

Then last summer, Lucinda took a
ld step. Because of their adoption
perience, she and John planned to
tify before Congress against federal
ding for research on human em-
os. Since they would be in Wash-
ton, D.C., she suggested that the
ilies get together.

The Zanes were stunned. "It was
vitable that one day we'd meet,
I didn't think it would be so
n," says Donna. After considering
idea for a few days, the Zanes
ed to the meeting and invited the
Bordens to their home.

As it turned out, the evening felt more like a reunion of old friends than a gathering of strangers. The more the couples talked, the more they realized how much they had in common, right down to their old record collections. Says Lucinda: "It was like meeting people I'd known forever."

And the Zanes weren't fazed by meeting the twins. "The joy and happiness that Luke and Mark brought to Lucinda and John reinforced our belief that we'd made the right decision," says Tim.

Now the Zanes and the Bordens look forward to the future. "I'm curious about what's going to happen down the road," says Tim. "The children will be raised in two different environments, but will they parallel each other in any way?"

One thing is certain to both the Zanes and the Bordens. "We have the ideal situation because both families had the outcome they wanted," says Lucinda. "Everything really worked out for the best." ■

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For these lucky people, finding gold at the end of the rainbow was just a chance away



WHO: Kathleen Healy, 46, Minneapolis
WHAT: Last November, while Kathleen was trying on jeans at Marshall Field's, she found a wad of $100 bills on a chair in her dressing room. Hoping to track down the owner, she gave the money to a salesclerk who told her that a woman had been looking for it and would be overjoyed to learn of its discovery. The salesperson then offered Kathleen a box of Frango Mints, Marshall Field's signature chocolates, for her good deed. Later that week, when Kathleen opened the box, she found a ticket for a free trip to Chicago inside. She is now in the running for Marshall Field's $100,000 grand prize.
WHY: "I think it's great," said Kathleen. "I feel very lucky. I always try to do the right thing, and doing the right thing would be worth $100,000." If Kathleen wins the grand prize, she plans to go directly on a vacation to Switzerland.



WHO: Phil Hong, 21, and Connie Payton, 49; Barrington, Illinois.
WHAT: Phil was watching TV last November when his dog found the 1986 Superbowl ring of the late Walter Payton, star player for the Chicago Bears, under the couch. Connie, Payton's wife, had been looking for it for more than five years. The couch, a hand-me-down, had at one time belonged to a high-school pal who had met Payton and was given his ring on loan.
WHY: "I was amazed to find it," said Phil. "And I was so happy that I could give it back to Payton's family."



WHO: Melvin Milligan, 40, and his wife, Kim, 34; Newark, New Jersey
WHAT: After hearing a news report last summer that time was running out for a $46 million lottery jackpot to be claimed, Milligan decided to look through his old tickets to see if he had the winner. He did. But instead of taking the ticket down to the lottery office that day, he mailed it. It arrived just two days before it would have become invalid.
WHY: "I was in shock," said Milligan. "When my wife found out that I'd mailed the ticket in, she started yelling." But "the post office delivered for me." —*Meredith Franc*

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April

JOURNAL

cial Issue: THE BEST OF AMERICA

That Help You Heal

APRIL 2002

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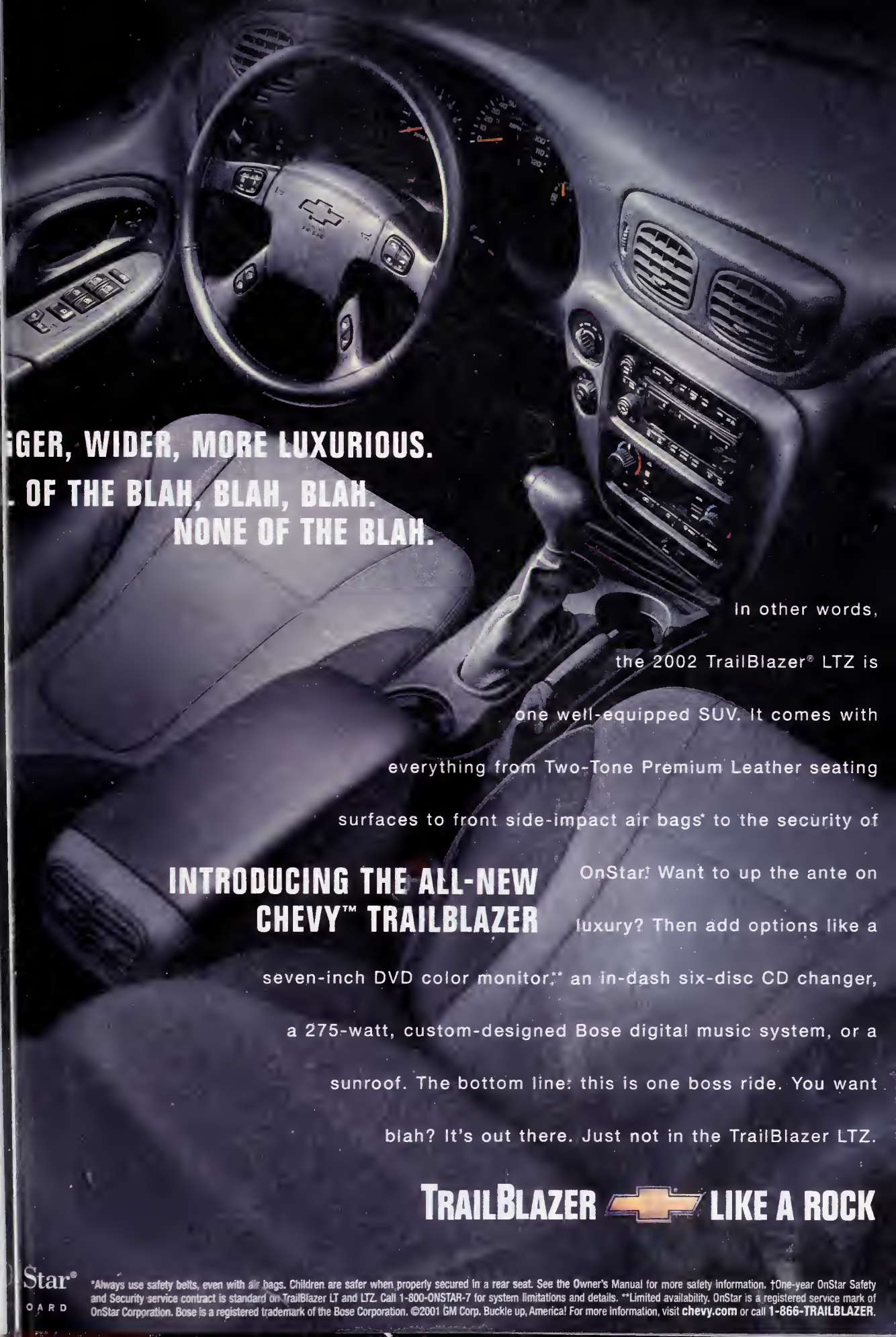
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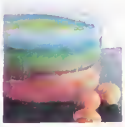
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Best of America

by Myrna Blyth



The *Journal*'s July 1942 cover, published during another time of challenge for our country, depicted sentiments we feel just as strongly again today



Working on this very special "Best of America" issue has made me think about what I personally consider the best things about our country. And best of all, I believe, is the opportunity we have in America. For example, mine is a very ordinary American story, and one, I'm sure, I share with many others. I don't remember my grandparents, but both my father's parents and my mother's parents had the courage to leave their European homelands and emigrate to America to find a better life for their families. Their experiences, I'm sure, were quite typical for their time, but they seem very brave to me now.

My mother's father ran away from home in Czarist Russia when he was just a boy. He made his way to England, learned a profession, married. He traveled to America alone to establish himself and then sent for my grandmother, my mother and her brothers and sisters. My father's parents came to this country from Hungary. I know their lives were very tough because my father had to leave school and go to work when he was barely a teenager. I don't think he ever resented this; he certainly never said he did. I think he knew that if he worked hard, his children would have more opportunity than he had. And that is exactly what happened in my American story and very probably in yours.

Several years ago, I was an official delegate to the United Nations Conference on Women in Beijing. During the sessions, the delegates took turns representing our country. I remember that when it was my turn to be the representative for the United States, I kept thinking how amazed my grandparents would have been. But then, that was the reason they had come—and so many millions have come—to this extraordinary country: for opportunities they couldn't even dream of.

Please share with me your personal take on what's best about our country and let me know what you think about our very special "Best of America" issue. E-mail me at: *myrna@mdp.com*.



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contributors



BERT SPERLING

For the fifth year, Sperling has been our indefatigable numbers guy, crunching the data for "Best Cities for Women 2002" (page 92). The CEO of Fast Forward, a demographic consulting firm, and *www.bestplaces.net* in Portland, Oregon, he's also a realist. He says, "To really get to know a place, you have to visit."

JAMES T. PEMBERTON

While shooting "Style in the City" (page 112), about wardrobe essentials, this photographer was struck by fan-friendly models. "It was sweet to see Garcelle Beauvais-Nilon (pictured) and the others sign autographs," says Pemberton.





VICTORIA BALFOUR

Writer Balfour cycles about 100 miles per week and was pumped to talk to athletes for "She's Got Game" (page 82), about the importance of sports in women's lives. "I love speaking with people who are passionate," says Balfour, a consultant on an upcoming VH-1 television series based on her book *Rock Wives* (Morrow, 1986).

JOE PUGLIESE

President Reagan's daughter, Patti Davis, put this photographer at ease when he shot her for "My Secret Garden" (page 87), an essay Davis wrote about how gardening is her therapy. "She was really down-to-earth," says Pugliese, whose work has also appeared in *InStyle*.





MARGERY D. ROSEN

Rosen has written about married life for almost 20 years, including this month's Can This Marriage Be Saved? column (page 34), about a wife coping with a debilitating disorder and an insensitive husband. "We can see ourselves in couples like this," says Rosen, who has also written for *Parents*.

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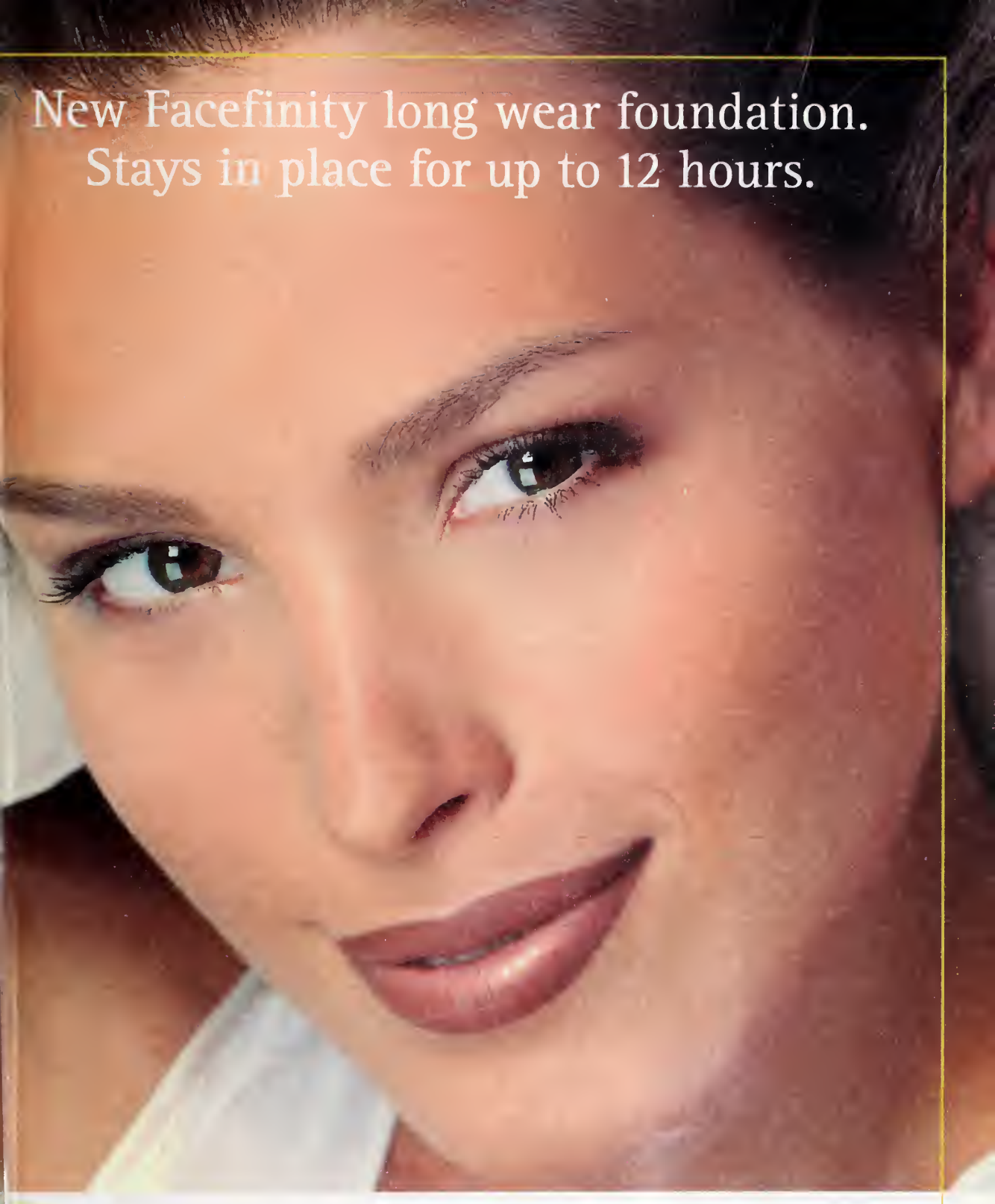
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Readers spoke out about Cindy Crawford

How "real" are celeb moms?

Thanks for "Cindy's Family Focus" (January). I rarely read articles on celebrities and their so-called parenting, but LHJ's story made me believe that Cindy Crawford actually does spend more time with her kids than their nanny does.

Suzanne M. Eaves, Weimar, Texas

I had to laugh at "Strong Mothers in Tough Times" (January). What makes these [celebrity] women such strong mothers? The only strong mother I saw in this issue was Vaneice Lincoln [the mother of conjoined twins in "We Brought Home Two Miracles"]. Please wish Mrs. Lincoln and her family the best of luck.

Robin C. Kunz, Clinton, New York

Thanks for the inspiration

"Who's in Charge Anyway?" (Editor's Journal, January) caught and held my attention. I am a single parent of two teenagers, and I've been feeling exactly the way Sarah Mahoney has. There's not enough time to be idle—time is not on our side. I love my children, my family, my friends and my dogs, and I want to savor every moment with them.

Kathleen A. Eckert, Tucson, Arizona

Mothers of the century

LHJ has been periodically following the lives of these six women whose daughters turned 12 months, 5 or 10 at the beginning of the century. Here's the latest update:

Mary Chamberlain, 48, adoption director, Oak Hill, Virginia
The highlight of the year for Mary and her husband, Jesse, was journeying to Santiago, Chile, the birthplace of their 12-year-old daughter, Nikki. (Son Alex, 14, was adopted domestically.) They visited Nikki's foster mother, but because adoptions in South America are closed, they made no attempt to contact her birth mother. Still, Nikki has a new sense of who she is and where she came from.

Nina Clarke Chow, 39, senior vice president at Katz Media Group, Forest Hills, New York
Nina, who works in midtown Manhattan, watched the drama of September 11 unfold on the office TV. After making sure her husband, Jeffrey, and their four kids were okay, she joined a sea of terrified people walking back home to Queens. Neither Kaitlin, 11, nor 5-year-old triplets Dylan, Kylie and Brandon have ever asked about the terrorists or their horrific act. But, adds Nina, "Every night the kids pray for the rescue workers clearing the site."

Michelle Schultz, 33, cyber-café co-owner, Somerville, New Jersey
The bad news: Michelle's husband, Dennis, was downsized from his job last May. The good news: Selling his shares of company stock allowed them to launch Spraga.com, the computer annex of a local coffeehouse. Michelle runs the day-to-day operations, but still has plenty of time for straight-A student Kaaliyah,14, and Alexandra, 3. Until Spraga makes a profit, they're living off their savings, and Dennis is looking for another job.

Jessica Roles, 29, staff services analyst, Richvale, California
Last May, Jessica and her husband, Perry, welcomed their second daughter, Madison. The two girls couldn't be more different: Unlike laid-back Courtney, 3, Madison is impatient. "Two kids are a handful," admits Jessica. "But I still want one more."

Alison Cranshaw, 38, elementary-school librarian, Elk Grove, California
"It's been a good year," says Alison. After nine years of being an at-home mom, she accepted a job as the librarian at her children's elementary school after 6-year-old Jasmine entered first grade. Jasmine and big brothers Sergio, 19, and Demitri, 8, have learned to pitch in more around the house, as has husband Robert.

Kim Schafer, 42, pediatric coordinator, Saugus, California
Last summer, Kim accepted a job transfer with the manufacturer of the same cochlear implant that allows her youngest daughter, Maddy, to hear. (Deaf from infancy, Maddy rarely uses sign language anymore.) The job required Kim and husband, Mark, to move their family from Spokane, Washington, but the girls—Amanda, 11, Cassie, 9, and Maddy, 7—are adjusting well.

—Kathryn Casey, Marisa Sandora and Shana Aborn

Tired doctors—R_x for disaster?

I read "Sleepless in America" (January) and I am particularly concerned about the lack of sleep endured by young doctors. Doctors must know that working shifts of more than 12 hours is dangerous.

Rita Walsh, Dennis, Massachusetts

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Prime time

Stay tuned April 22 to 28 for must-*not*-see TV. For the past eight years, the TV-Turnoff Network has encouraged Americans to shut off their televisions for an entire week and use the time for family discussions. On average, Americans spend four hours a day tuning in. (To learn about tuning out, check out *www.tvturnoff.org*.)

The ABCs of STDs

April is National Sexually Transmitted Disease (STD) Awareness Month, so designated to remind Americans of the importance of preventing these diseases. At least one in five people in the U.S. has an STD, and we spend about $8 billion each year (excluding HIV) on diagnosis and treatment, according to the American Social Health Association. To find out more about STDs, visit *www.ashastd.org*.



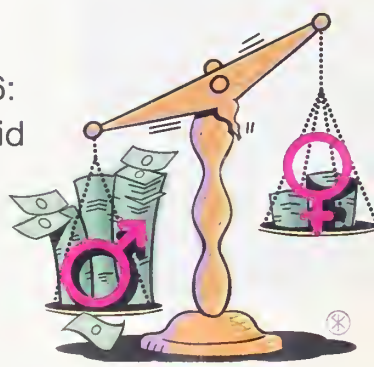
The guy glut

EVERYWHERE, U.S.A.—The dating pool is getting more shallow, but here's the news: It's getting shallow for *men*. By 2010, men in their late 30s and early 40s will outnumber women who are five to 10 years younger than they are by as much as 2-to-1, according to the U.S. Census Bureau. (Men generally marry younger women.) It appears that many guys are beginning to sense the changes ahead and are increasingly turning to dating services for help in finding the right mate. Matchmaker.com and Match.com, two of the most popular online dating sites, report that male interest has grown steadily over the past year, and men now make up more than half of their membership. As Trish McDermott, a Match.com vice president, puts it: "Now men are the ones with biological clocks."

About 55 percent of 1,400 single men recently surveyed by Match.com said they're looking for a committed relationship, compared with 37 percent the year before. And more sober economic times have forced many guys to reassess their personal priorities. Match.com member Kyle A. Langenbach of New York City, who vows he won't stop looking until he finds Ms. Right, says, "Men aren't as superficial as many would have you believe." —*Francesca Di Meglio*

CLOSING THE GAP

Think about breaking through that glass ceiling on April 16: Equal Pay Day. Because in many fields women are still paid 72 cents for every dollar a man earns, the AFL-CIO, the federation of America's labor unions, is launching a national campaign to encourage women to lobby for equal-pay legislation (*www.aflcio.org*).



My life in pictures

Paula Zahn, who got CNN to apologize (remember that "sexy" promo?), shares some snapshots from her busy life



▲ Marrying Richard Cohen in 1987. "After four years of living on two coasts, we finally tied the knot."



▲ Nabbing Fidel, 1989. "I was almost eight months pregnant. Castro had to do the interview—he couldn't get *around* me."



▲ Mom, Betty; sister, Leslie; and Paula, seated, in Omaha. "A rare moment when my brothers weren't harassing us."



◀ "I called CNN [after the terrorist attacks] and asked where they needed me. I went on the air the first time that night."



▲ With Richard and (from left) Jared, Haley and Austin. "We're blessed to have kids who like their parents' company."



Hat trick

Although hats were once an important accessory (you'll recall Easter bonnets), demand dwindled until designers resurrected them in their spring shows. Three LHJ staffers volunteered to wear a hat for a day to see what the experience would be like:

"I love the floppy, hippie-style hat I wore. I sometimes wish the habit of wearing one would come back into everyday fashion—the way it was in the forties when a woman didn't leave the house without a great hat." —*Meg Goldman, fashion editor*

"It felt strange at first, but once I got comfortable wearing one, I became more confident. My friends really liked the look and suggested that I wear hats more often. After this experience, I definitely agree."—*Dominique Andrews, editorial assistant*

"The hat caused a few laughs when I went to kiss my friend good-bye on the cheek, and I bounced off of him because of the wide brim. We couldn't even get close enough for a proper hug."—*Marisa Sandora, associate editor*

the new new thing

Web cameras, which now sell for as little as $40, offer a virtual "visit" with your loved ones. You can take pictures or record video with these tiny cameras, which attach to home computers. Experts say the number of Webcam users will jump from 7 million last year to 29 million by 2005.





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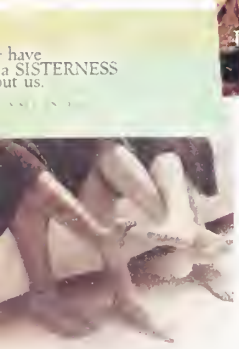
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This month with . . . **Maya Angelou**





Angelou says her new volume (right) could be followed by a cookbook



One of the poet's cards (left) in a new line for Hallmark

Author, poet, actress and now greeting-card writer Maya Angelou will see her sixth autobiography, *A Song Flung Up to Heaven* (Random House, $22.95), hit bookstores this month. It chronicles her life in the 1960s, including her work with Martin Luther King, Jr., leading up to the decision to write her acclaimed first volume, *I Know Why the Caged Bird Sings*.

Why this will be her last autobiography: "I decided about three volumes ago that I wouldn't write any more memoirs, because I didn't want to write about writing. I think that very few things could be as boring to a reader."

Whether the book meets her expectations: "When it's out and I read it, I'm going to wince any number of times because a sentence could have been made more graceful. Nathaniel Hawthorne said, 'Easy reading is damn hard writing.'"

Race relations today vs. the 1960s: "They're better and worse. One finds more African-Americans in all parts of American life than there were in the late sixties. However, there was an urgency in the sixties to try and make things better, and I find that the edge of the urgency is blunted now. I don't hear as many white and black ministers talking about fair play and a reduction of—if not an obliteration of—race prejudice."

Doing a line of cards for Hallmark: "I was asked, and I had said no for some time. Then I met some of the Hallmarkers, as they are called, and I liked the way they behaved and their attitudes. They seemed to be fair and honest people. . . . I start off with an idea and I write it out. But to try to say it in two or three sentences is really challenging. Once you get it, it's so rewarding. You want to call people and say, 'Listen to this.' It's fun."

The **giving** spirit

Laura Leigh Hughes wasn't nominated for an Oscar this year, but the Los Angeles actress isn't empty-handed. After the city's 1992 riots, Hughes, now 41, wanted to ease racial tensions by helping young people "learn from what had happened," she says. As a performer, Hughes understood how theater could be a powerful force for positive change. With a little help from her industry friends, she launched



The Unusual Suspects Theatre Company, a nonprofit organization that brings theater art to inner-city teens. In 1998, "I was referred to a woman at Juvenile Hall [a teen corrections facility]," says Hughes. "She said, 'Why don't you start working here?'" Today, Hughes' organization has reached thousands of first-time offenders in the juvenile-justice system—about 200 teens each year. By working as a part of a cast and crew on shows, she says, participants start to feel like part of a family: "That's the most important thing" (*www.theunusualsuspects.org*).

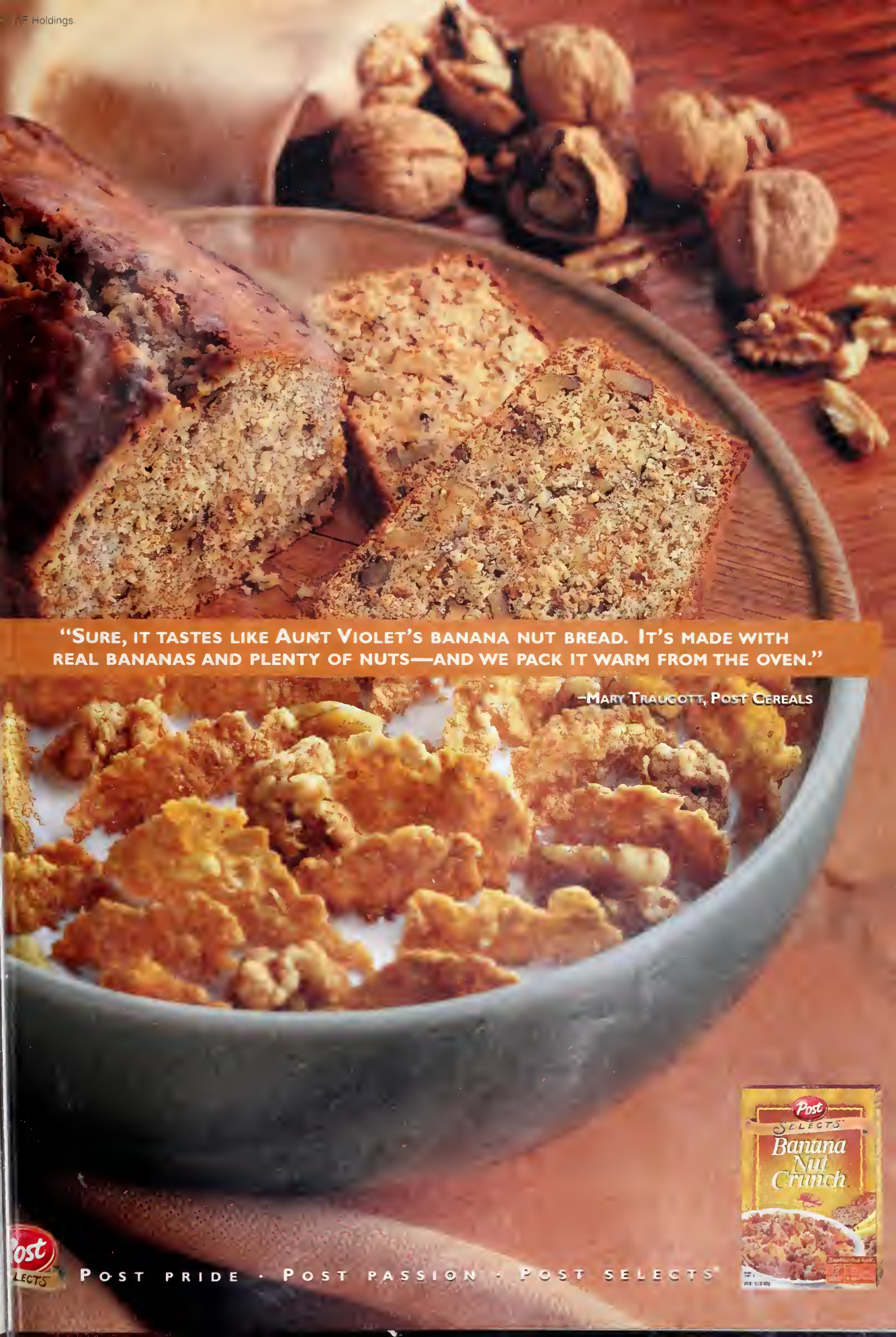
Coming soon to your home



New on video and DVD: ***Life as a House***, the story of an architect (Kevin Kline) who decides to build his dream home and, in the process, ends up rebuilding his life (includes Kristin Scott Thomas and newcomer Hayden Christensen, soon to be seen in *Star Wars: Episode II—Attack of the Clones*). On TV: An adaptation of Joyce Carol Oates' novel about a family's struggle after a rape, ***We Were the Mulvaneys***, airs on Lifetime April 8 at 9 P.M. (E.T.).

Reported by Marisa Sandora, Meredith Franco, Francesca Di Meglio, Meredith Perez and Dominique Andrews

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Tote ($120), sandal ($140), both Michael Simon, call 888-258-5528 for stores. Pin ($69), Roberta Chiarella, *www.robertachiarella.com*



CELEB PICK

Jennifer Aniston creates doe-like lashes with Christian Dior Fascination Mascara in Spellbinding Black ($20). Silk protein conditions lashes while dense, criss-crossing bristles curl and separate them for a soft, full look. To order, log on to *www.sephora.com*.

Bargain beauty

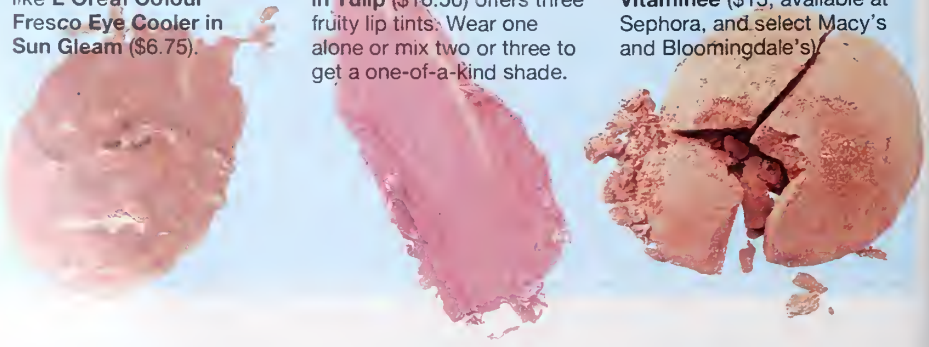
Worse than breaking a nail is trying to repair it neatly with a clogged nail-glue applicator. To the rescue, **Professional Solutions Fix-a-Nail Brush-On Glue** ($2.99). Simply brush the glue over the break for an accurate fix and fast touch-ups. The brush also makes it a snap to apply the glue to stop a run in your stocking.

On trend

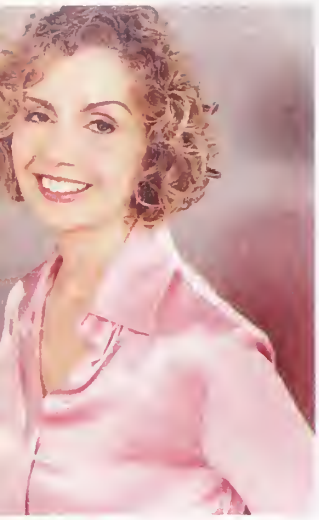
Tap into apricot

Give your makeup a warm-up for spring with fresh apricot shades. Whatever your skin tone, golden sunny colors on lips, eyes and cheeks look modern and natural. Just follow these tips from L'Oréal consulting makeup artist Collier Strong:

- Swipe an apricot cream eyeshadow across your whole lid, and keep the look light by skipping your usual eyeliner. We like **L'Oréal Colour Fresco Eye Cooler in Sun Gleam** ($6.75).
- Slick a shade of juicy mango on your lips. The deeper your skin tone, the deeper your shade should be. **Clinique Lipstick Trio in Tulip** ($16.50) offers three fruity lip tints. Wear one alone or mix two or three to get a one-of-a-kind shade.
- For an outdoorsy glow, blend a peach blush along your cheekbones. Try **Bourjois Pastel Joues Blusher in #36 Pêche Vitaminée** ($13; available at Sephora, and select Macy's and Bloomingdale's).




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"Help me, Carol"

The perfect makeup for sensitive skin, mascara know-how for pale lashes, and more

Ladies' Home Journal's Beauty & Fitness Director, Carol Straley, offers insider solutions for your beauty concerns. Got a question? Send an e-mail to *helpmecarol@mdp.com*

Anti-aging—at the nail salon

Q My nail salon has dryers that use UV light to speed drying time. Are these dryers safe?

A I've wondered about this myself, so I posed the question to dermatologist Lydia Evans, M.D., in Chappaqua, New York. She says these nail dryers use Ultraviolet A (UVA) light, which is also used in tanning beds. Although the rays aren't strong enough to produce a tan, the doses of light from them can eventually lead to brown spots on your hands as a result of stimulating melanin production in your skin cells. Evans' advice: Bring a hand cream with SPF 15 or higher to the nail salon. I like **L'Oréal Plénitude Age Perfect Hand Ultra-Hydrating & Repairing Moisture Cream SPF 15** ($8.99). It has beta-hydroxy complex to help fade brown spots. Have your manicurist apply the cream during the massage phase of your manicure, before she applies the polish.



POWDER POWER

Q I have rosacea, and many foundations irritate my skin. But I need something to cover the redness. Any ideas?

A If you have the red bumps and flushed face of rosacea, your skin tends to be extra-sensitive. Mineral makeup, a loose powder made from ultrafine minerals, contains no preservatives or perfumes that further irritate your skin. The minerals zinc and titanium dioxide also provide some natural sun protection (you should still wear sunscreen under your makeup). A few mineral makeup options: **bareMinerals Foundation by Bare Escentuals** ($24; to order, call 800-227-3990); **Youngblood Natural Mineral Foundation** ($29.95; call 800-216-6133); and **NaturElle Ellegance Sheer Tone Foundation** ($28; call 800-442-3936). For natural results, use a short-bristled brush that's tapered to allow for better coverage. Start at the outside of your cheekbones and work your way in, moving the brush in a circular motion.



For more beauty advice, log on to *www.lhj.com/carol*

The solution for light lashes

Q My eyelashes are very blond, and when I apply mascara my lashes still have blond roots, which looks very weird. Should I get my eyelashes dyed at a salon?

A For health and safety reasons the FDA has banned the use of hair dyes on eyelashes. A better option: this tip from makeup artist Maryse Felix in New York City. First, use a brown mascara, which looks more natural than black. Next, place the mascara wand as close to lash roots as you can by gently pulling your eyelid at the outer corners. Then wiggle the brush through lashes all the way to the ends.

For extra coverage, brush a light coat on the top surface of lashes, from middle to tip. Be sure to use a conditioning mascara, otherwise lashes can get too brittle with the extra coat. Try: **Yves Saint Laurent Luxurious Mascara For A False Lash Effect** ($22.50) and **beComing On the Fringe All Purpose Mascara** ($11; call 866-423-2663).





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Beautify the eye

The eyes have it, right here—five new ways to combat wrinkles, puffiness and more

By Jessica Goldberg



Making eyes isn't just about makeup

Beyond the mascara and eyeliner, eyeshadow and brow pencil, are hidden strategies to help make your eyes your number-one beauty asset.

1 Makeup begone

Your mascara stayed put all day, but when it's time for it to go, you don't want to end up with irritated, red eyes from a makeup remover that stings. Try **Talika Lash Conditioning Cleanser** ($18.50; to order, *www.talika.com*). It has cornflower extract to soothe delicate skin and silk proteins to strengthen lashes.

2 Eye revitalizer

To give tired eyes a fast pick-me-up, chill a gel-filled mask such as **Oscar + Dehn Eye Life** ($12; to order, 800-400-0692) for 15 minutes in the refrigerator. Then apply mask for five minutes. The cold feels refreshing and helps reduce swelling—and don't discount the energizing bright citrus hue.

3 Love your lashes

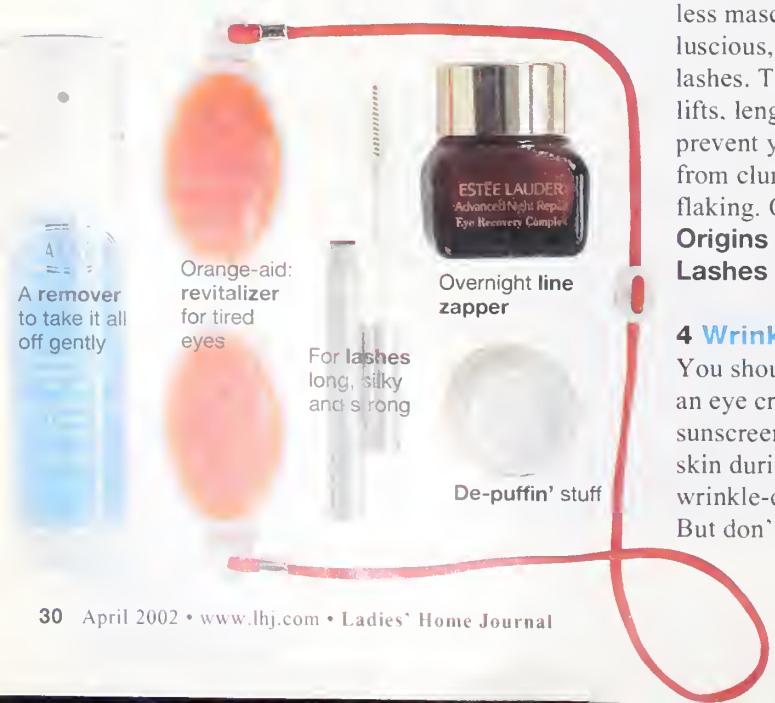
Swipe on lash conditioner immediately before your mascara, and you'll need less mascara to get luscious, natural-looking lashes. The conditioner lifts, lengthens and helps prevent your mascara from clumping and flaking. Our favorite: **Origins Underwear for Lashes** ($12).

4 Wrinkle wrangler

You should always apply an eye cream with sunscreen to protect your skin during the day from wrinkle-causing UV rays. But don't let those nighttime hours go to waste: Repair damage to the skin while you sleep with **Estée Lauder Advanced Night Repair Eye Recovery Complex** ($45), with white birch and soy extracts to help stimulate collagen production.

5 Get the puff out

Lack of sleep and stress can cause puffiness around the eyes. To keep fluid from collecting there, New York City–based dermatologist Jim Baral suggests sleeping on two or more pillows. For extra help, try a moisturizing eye cream with puff-fighting ingredients, such as **L'Oréal Plénitude Eye Defense** ($11.99). It contains caffeine to help eliminate fluid buildup in the eye area.



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The great pretenders

The newest watches—sleek cuffs and bejeweled bangles—have a lot more than just time on their hands

With double-wrap band bracelets and crystals circling their faces (and sometimes standing in for the numerals, too), the trendiest timepieces are masquerading as feminine and ultrachic jewelry. From $60 to $275, these watches mimic far pricier versions ($3,000 and up) by Cartier and Baume & Mercier. Look for faux mother-of-pearl faces and crocodile bands in baby blue, pink and white as well as metal link and cuff designs.



1 **Swatch**, $70
2 **Timex**, $50
3 **Citizen Watch Company**, $195
4 **Swatch**, $70
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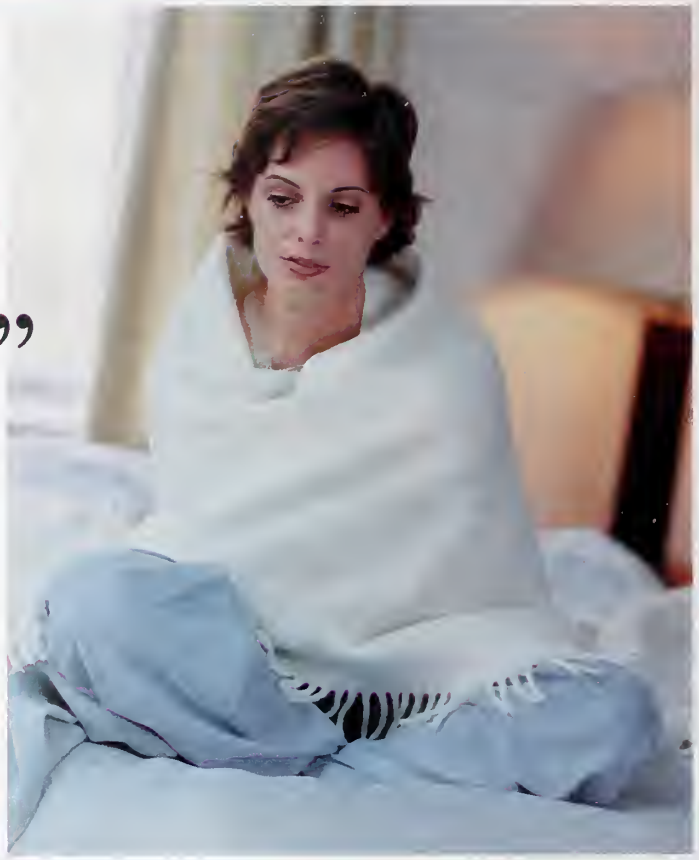
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"He can't handle my illness"



Rachel was struggling with a mysterious debilitating disorder, but Adam, in his own way, was suffering, too

By Margery D. Rosen

RACHEL'S TURN:

"I haven't been well for a long time, and I get the feeling that Adam just doesn't care," said Rachel, 33, a stay-at-home mother married for nine years. "Our once-great marriage is just a shell.

"It's been this way ever since I got sick. About three years ago, my fingers began to ache and swell up. Then the discomfort spread to my hands and shoulders, and I started to feel tired all the time. I bounced from one specialist to another, undergoing test after test. No one had answers. One doctor said I was stressed out; another implied it was all in my head.

"While researching my symptoms on the Internet, I finally found an article on fibromyalgia, a chronic disorder affecting the musculoskeletal system. The disorder, which is often misdiagnosed, can trigger a number of symptoms—many of which hit home for me. Though fibromyalgia is controversial and not all doctors believe it is a real disorder, I finally found a specialist who does.

"The pain varies. Some days, every muscle in my body hurts; other days, I just feel a sharp jab in the back. More constant are the insomnia and headaches. I have no energy for eight-year-old Brandon or six-year-old Brett when they come home from school,

> "I haven't been well for a long time, and I feel that Adam just doesn't care"

and I feel guilty for pacifying Jake, our two-year-old, with videos when I'm too tired to play with him. Simply getting through the day is hard.

"Because certain antidepressants in low doses can control pain, my doctor prescribed one for me. He also encouraged me to exercise in order to stimulate endorphins, the brain's natural pain relievers. I admit I haven't been very good about that. And even though doctors tell me that fibromyalgia won't disable me completely, I'm still terrified that it will. I keep checking the Internet for new information.

"Last week, as I put Jake in his car seat, pain shot through my wrists and arms. I panicked—I had this image of me incapacitated in a wheelchair and unable to mother my children. But when I told Adam what happened, he didn't seem concerned; he just mumbled a word or two and then changed the subject. Once in a while, he'll offer to give me a massage, but it's such a halfhearted shoulder rub that it's hardly worth the bother. The only time he takes any real interest in me is when he wants to have sex, which hardly puts me in the mood. *(continued)*

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(continued) "Adam says I overreact to everything, and I admit I have found myself screaming about things I know aren't important. Last week, I chewed him out for planting a new rhododendron bush too close to our apple tree.

"But I'm not unreasonable when it comes to Adam's parents. I hate when they visit. His mother is always telling me how to raise the kids, and his father barely acknowledges me. Adam just says, 'Oh, that's how Dad's always been.' As if that's an excuse.

"I never thought our marriage would turn out like this. We were always such good friends. Both of us grew up in the suburbs of Hartford, Connecticut. My father, an executive at a major department store, was warm and outgoing, but my mother was a total perfectionist. I know she loved my brother and me, but she'd snap at us if we didn't live up to her standards.

"Adam and I met in college, and I fell in love with his gentleness and romantic nature. We married after graduation, once I'd found work at an advertising agency and Adam was hired as a salesperson for a pharmaceutical firm. Brandon was born two years later, and I left work to be a stay-at-home mom. We always seemed to have time to go places and do fun things together—and I had the energy for it, too.

"But one thing did happen back then that bothers me to this day. When I was nearly nine months pregnant with Brandon, Adam's company offered him and several other top salespeople a four-day tennis junket in Florida. I had a nagging feeling that the baby might come early, so I begged Adam not to go. He insisted, saying he needed a vacation—and sure enough, I went into labor the day after he left.

"Now, once again, my husband is blowing off my concerns. If I had a broken leg, maybe he wouldn't think I was a hypochondriac. But this condition is far more debilitating, and I can no longer pretend we're this happy family. Things have got to change, or this marriage is over."

ADAM'S TURN:

"I don't want to live like this, either," said Adam, 34. "It's like I've lost my best friend. Rachel was the one person I could count on to be a sounding board. No one in my family ever talked about much of anything, certainly not about feelings. But Rachel took the time to ask and listen. She was the one who taught me about intimacy.

"I do try to show that I care, but nothing I do meets Rachel's approval. If I give her a massage, she tells me I'm rubbing too hard or not hard enough. If I ask how she slept the night before, she thinks I'm being patronizing. Actually, I thought I was helping by not talking much about her illness. When I'm sick, I try to keep my mind off my problems.

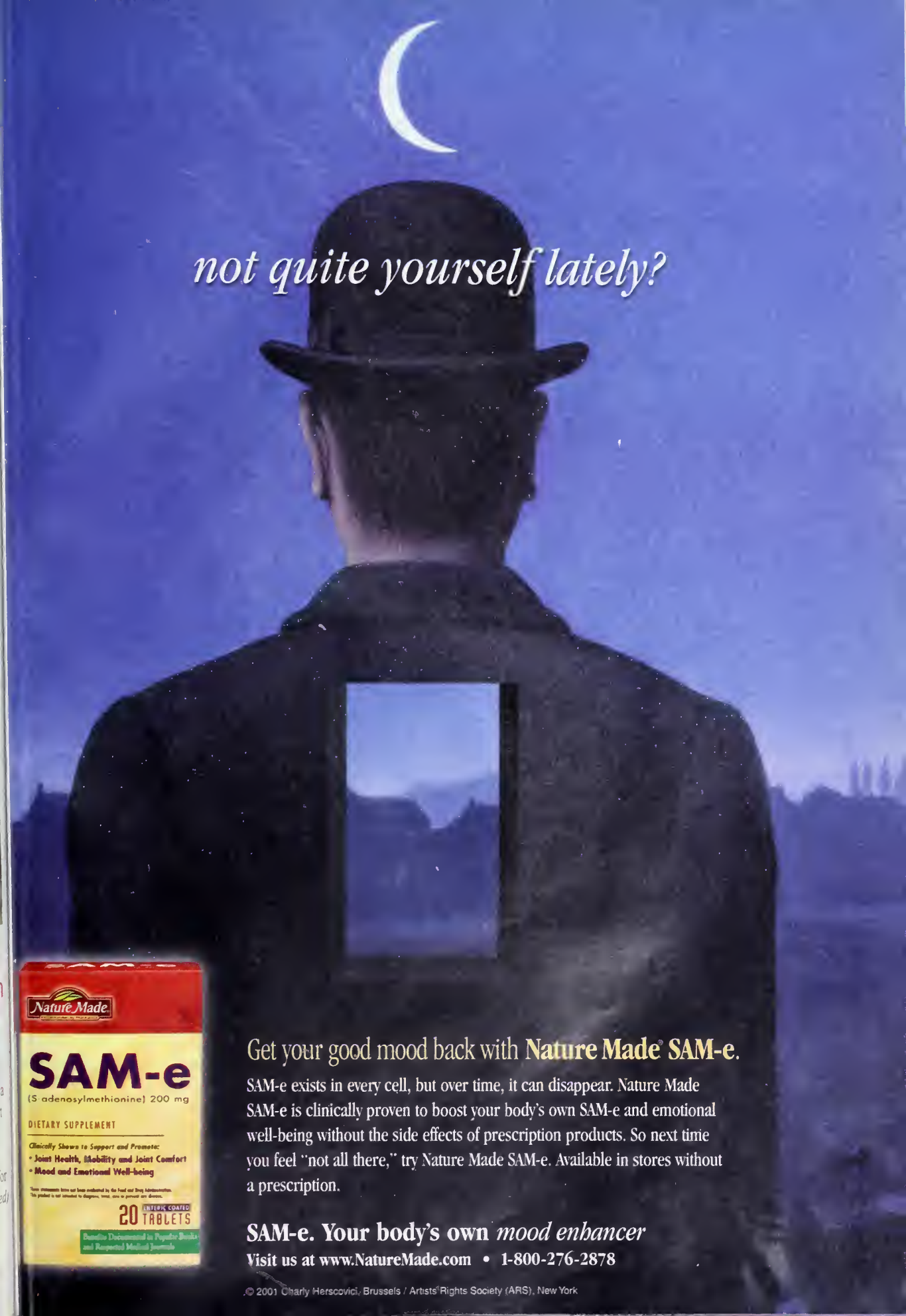
"I'm not saying Rachel is a hypochondriac; I know she's in pain, and I feel terrible about that. But I do think she spends too much time obsessing about her condition. Some of the best doctors in the city have assured us that her illness is not fatal or progressive, and that she's got to be patient with herself. There's a point at which you have to accept gracefully what happens to you.

"I don't think Rachel knows how nasty and critical she's become lately. When I planted that shrub near the tree, she shrieked as though I'd committed a crime. She complains that I don't help her enough—cleaning up after dinner is her latest issue. I'd rather spend the time with my kids, so I tell her I'll do it after they're asleep. But she either storms into the kitchen and does the dishes herself, or else she hovers, telling me I'm not washing them thoroughly. And I can't believe Rachel is still upset about that Florida trip eight years ago. Isn't there a statute of limitations on a husband's mistakes? If you can never win, after a while you stop trying.

"Rachel reminds me so much of my father it's uncanny. My sister, brothers and I could never please him, either. If I mowed the lawn as a nice surprise for him, he'd point out the one tiny patch of grass that I missed. It's ironic that now it's Rachel who hates his attitude. As for Mom's parenting advice, *(continued)*



"She complains that I don't help her enough—and then does everything herself"


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(continued) she's only trying to help, and, after all, she did raise four kids. But Rachel won't even listen to her.

"I don't feel like we're a family anymore. I barely see my sons; Rachel insists that they be in bed by eight o'clock, and I usually don't get home until seven-thirty. After I help get them in their pajamas, I eat dinner alone while Rachel disappears upstairs, buries her head in a book and pushes me away if I try to kiss her. I'm not saying we have to make love every day, but she's *never* in the mood anymore. Maybe she's right—if our life is going to become one long fight, it's time for us to split."

THE COUNSELOR'S TURN:

"When one partner suffers a chronic illness and the other feels helpless to do anything about it, the anger and blame can become toxic," said the counselor. "How spouses cope with this situation determines whether their marriage flourishes or flounders.

"Because fibromyalgia can take so long to be diagnosed, sufferers often have to deal with family and friends who think they're lazy, faking it or just seeking attention. This can make it hard to keep up their end of a relationship, as Rachel discovered. Compounding the problem was Rachel's need for control, which she had most likely learned from her demanding mother. When her expectations weren't met, she quickly lost patience.

However, she was so quick to blow things out of proportion that I wondered whether her medication might be exacerbating her anxiety. Rachel's doctor switched her to another antidepressant, which helped considerably. She eventually bought a home treadmill and joined a gym with child care for Jake. Over the next few months, Rachel started to feel much better.

"Meanwhile, we had to help Adam feel less rejected and more appreciated. Though he was trying hard to be there for Rachel, he had his limits and she needed to respect them. 'Adam becomes overwhelmed when he hears the same complaints time and again,' I said. Once she understood this, Rachel began limiting the amount of time she discussed her illness and stopped getting on Adam's back about minor matters.

"I established some basic ground rules for Adam and Rachel to follow. They were to do something fun together at least once a week, and to call each other at least once a day to chat about anything they wanted to except trivial home problems or complaints like Rachel's illness. To keep them on track, I gave them a 'report card' to fill out every week on such subjects as hand-holding, phone calls and dates.

"One of Rachel's biggest challenges was staying patient. I told her, 'If you want Adam to reach out to you, it's important that you appreciate his efforts, even if they're not what you consider perfect.'

"But Adam had his obligations, too, such as protecting Rachel from his parents' criticism and intrusiveness. It was his job to stand up to them rather than to excuse their behavior. He finally found the courage to do so.

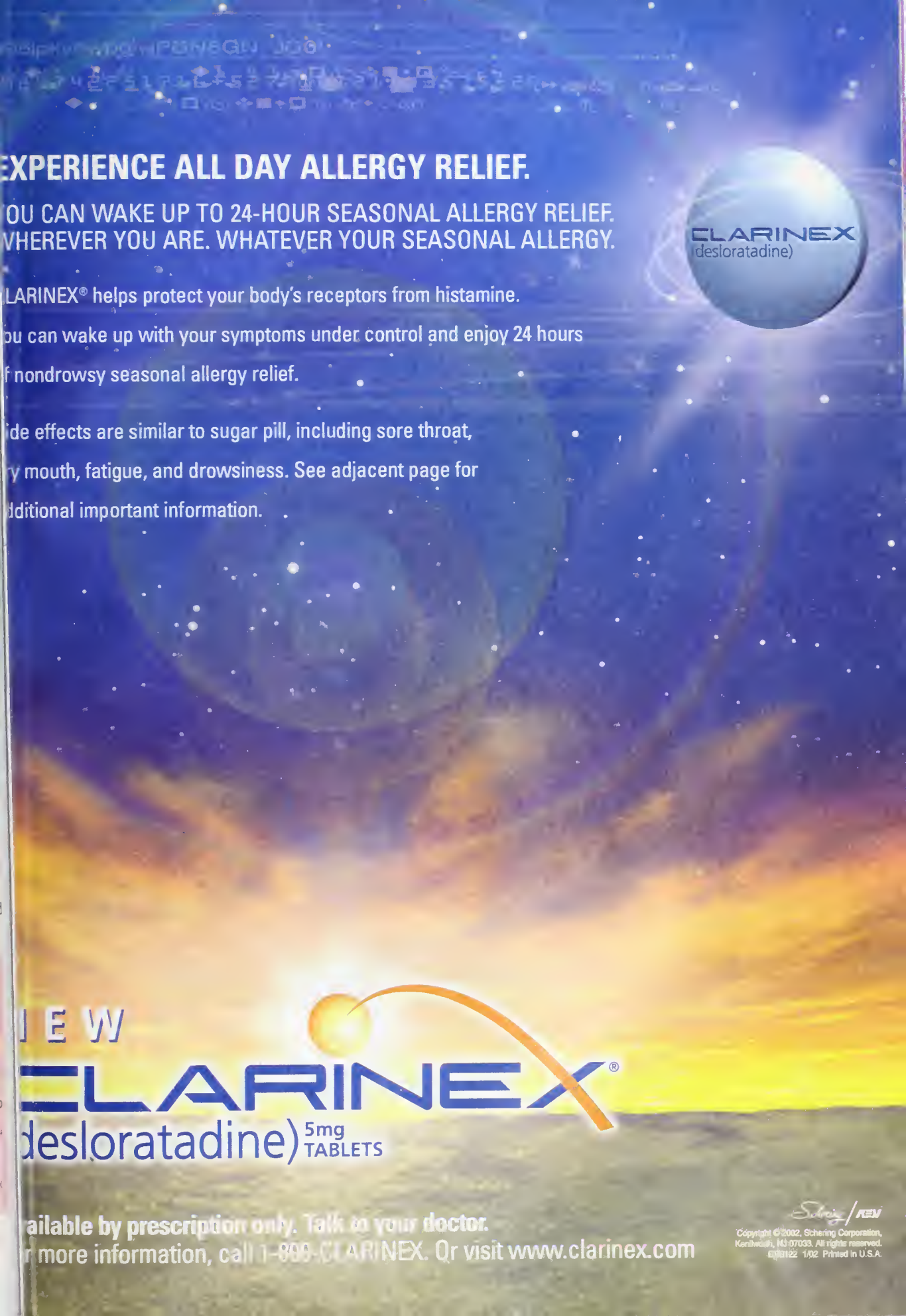
"Both were still gun-shy about sex. I urged Rachel not to say no every time he initiated lovemaking, and I told Adam to give her more hugs, kisses and other signs of affection throughout the day. Rachel responded in kind. In about six months they felt intimate enough to resume an active sex life.



"Adam gave Rachel more hugs and kisses, and she responded in kind"

"These two have continued to negotiate compromises in ways large and small. They've proven that by making adjustments in their actions and attitudes, they can both feel loved and respected—in sickness and in health." ■

"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This case is based on interviews and information from the files of Joyce Dolberg Rowe, M.Ed., a marital therapist with offices in Boston and Hull, Massachusetts. The story told here is true, although names and other identifying details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation. For more true stories of couples in crisis, go to the Love Channel of *www.lhj.com* and click on "Can this marriage be saved?"


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CLARINEX®
(desloratadine)
TABLETS

Brief Summary (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE: CLARINEX Tablets are indicated for the relief of the nasal and non-nasal symptoms of seasonal allergic rhinitis in patients 12 years of age and older.

CONTRAINDICATIONS: CLARINEX Tablets are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients, or to loratadine.

PRECAUTIONS: Carcinogenesis, Mutagenesis, Impairment of Fertility: The carcinogenic potential of desloratadine was assessed using loratadine studies. In an 18-month study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg/day in mice (estimated desloratadine and desloratadine metabolite exposures were approximately 3 times the AUC in humans at the recommended daily oral dose) and 25 mg/kg/day in rats (estimated desloratadine and desloratadine metabolite exposures were approximately 30 times the AUC in humans at the recommended daily oral dose). Male mice given 40 mg/kg/day loratadine had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg/day and in males and females given 25 mg/kg/day. The estimated desloratadine and desloratadine metabolite exposures of rats given 10 mg/kg of loratadine were approximately 7 times the AUC in humans at the recommended daily oral dose. The clinical significance of these findings during long-term use of desloratadine is not known.

In genotoxicity studies with desloratadine, there was no evidence of genotoxic potential in a reverse mutation assay (*Salmonella/E. coli* mammalian microsome bacterial mutagenicity assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenicity assay and mouse bone marrow micronucleus assay).

There was no effect on female fertility in rats at desloratadine doses up to 24 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 130 times the AUC in humans at the recommended daily oral dose). A male specific decrease in fertility, demonstrated by reduced female conception rates, decreased sperm numbers and motility, and histopathologic testicular changes, occurred at an oral desloratadine dose of 12 mg/kg in rats (estimated desloratadine exposures were approximately 45 times the AUC in humans at the recommended daily oral dose). Desloratadine had no effect on fertility in rats at an oral dose of 3 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 8 times the AUC in humans at the recommended daily oral dose).

Pregnancy Category C: Desloratadine was not teratogenic in rats at doses up to 48 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 210 times the AUC in humans at the recommended daily oral dose) or in rabbits at doses up to 60 mg/kg/day (estimated desloratadine exposure was approximately 230 times the AUC in humans at the recommended daily oral dose). In a separate study, an increase in pre-implantation loss and a decreased number of implantations and fetuses were noted in female rats at 24 mg/kg (estimated desloratadine and desloratadine metabolite exposures were approximately 120 times the AUC in humans at the recommended daily oral dose). Reduced body weight and slow righting reflex were reported in pups at doses of 9 mg/kg/day or greater (estimated desloratadine and desloratadine metabolite exposure was approximately 50 times or greater than the AUC in humans at the recommended daily oral dose). Desloratadine had no effect on pup development at an oral dose of 3 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 7 times the AUC in humans at the recommended daily oral dose). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, desloratadine should be used during pregnancy only if clearly needed.

Nursing Mothers: Desloratadine passes into breast milk, therefore a decision should be made whether to discontinue nursing or to discontinue desloratadine, taking into account the importance of the drug to the mother.

Pediatric Use: The safety and effectiveness of CLARINEX Tablets in pediatric patients under 12 years of age have not been established.

Geriatric Use: Clinical studies of desloratadine did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. (see **CLINICAL PHARMACOLOGY – Special Populations**).

Information for Patients: Patients should be instructed to use CLARINEX Tablets as directed. As there are no food effects on bioavailability, patients can be instructed that CLARINEX Tablets may be taken without regard to meals. Patients should be advised not to increase the dose or dosing frequency as studies have not demonstrated increased effectiveness at higher doses and somnolence may occur.

ADVERSE REACTIONS: In multiple-dose placebo-controlled trials, 1,838 patients received CLARINEX Tablets at doses of 2.5 mg to 20 mg daily, 659 patients received the recommended daily dose of 5 mg. In patients receiving 5 mg daily, the rate of adverse events was similar between CLARINEX and placebo-treated patients. The percent of patients who withdrew prematurely due to adverse events was 2% in both the CLARINEX and the placebo groups. There were no serious adverse events in these trials in patients receiving desloratadine. All adverse events that were reported by greater than or equal to 2% of patients who received the recommended daily dose of CLARINEX Tablets (5.0 m once-daily), and that were more common with CLARINEX than placebo, are listed in Table

Table 3

Incidence of Adverse Events Reported by ≥ 2%
of Patients in Placebo-Controlled, Multiple-Dose Clinical Trials

Adverse Experience	CLARINEX Tablets 5.0 mg (n=659)	Placebo (n=661)
Pharyngitis	5%	2%
Dry Mouth	4%	2%
Somnolence	3%	2%
Fatigue	3%	2%
Influenza-Like Symptoms	2%	1%
Myalgia	2%	<1%
Nausea	2%	1%
Dizziness	2%	1%
Dry Throat	2%	1%

The frequency and magnitude of laboratory and electrocardiographic abnormalitie were similar in CLARINEX and placebo-treated patients.

There were no differences in adverse events for subgroups of patients as defined b gender, age, or race.

The following spontaneous adverse events have been reported during the marketing desloratadine: tachycardia, and rarely hypersensitivity reactions (such as rash, pruritu urticaria, edema, dyspnea, and anaphylaxis), and elevated liver enzymes including bilir bin.

DRUG ABUSE AND DEPENDENCE: There is no information to indicate that abuse dependency occurs with CLARINEX Tablets.

OVERDOSAGE: Information regarding acute overdosage is limited to experience fro clinical trials conducted during the development of the CLARINEX product. In a dose ran ing trial, at doses of 10 mg and 20 mg/day somnolence was reported.

Single daily doses of 45 mg were given to normal male and female volunteers f 10 days. All ECGs obtained in this study were manually read in a blinded fashion by a ca diologist. In CLARINEX-treated subjects, there was an increase in mean heart rate 9.2 bpm relative to placebo. The QT interval was corrected for heart rate (QT_c) by both t Bazett and Fridericia methods. Using the QT_c (Bazett) there was a mean increase 8.1 msec in CLARINEX-treated subjects relative to placebo. Using QT_c (Fridericia), th was a mean increase of 0.4 msec in CLARINEX-treated subjects relative to placebo. N clinically relevant adverse events were reported.

In the event of overdose, consider standard measures to remove any unabsorbed dru Symptomatic and supportive treatment is recommended. Desloratadine and 3-hydrox desloratadine are not eliminated by hemodialysis.

Lethality occurred in rats at oral doses of 250 mg/kg or greater (estimated deslora dine and desloratadine metabolite exposures were approximately 120 times the AUC humans at the recommended daily oral dose). The oral median lethal dose in mice w 353 mg/kg (estimated desloratadine exposures were approximately 290 times the hum daily oral dose on a mg/m^2 basis). No deaths occurred at oral doses up to 250 mg/kg monkeys (estimated desloratadine exposures were approximately 810 times the hum daily oral dose on a mg/m^2 basis).

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U.S. Patent Nos. 4,659,716; 4,863,931; 4,804,666; 5,595,997; and 6,100,274.

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Oscar's best moments

The plunging necklines! The tearful speeches! It's showtime in Hollywood

Even if we haven't seen all of the nominated movies—including the contenders for this year's first-ever statue for animation—we still can't resist staying up late to watch the stars turn out for the Academy Awards. The best part of all is the next day, when we gather to dish with our friends and colleagues about the hairstyles, the host and who *really* should have won. (According to one CNN poll, 29 percent of us join office Oscar pools.) And let's admit it: We'd be secretly disappointed if at least one A-list actress didn't show up looking like a Vegas showgirl or a thrift-store reject.


Kevin Costner

The Oscar curse

Winning an Academy Award doesn't always guarantee a long and illustrious career:

—At 10, *Paper Moon*'s Tatum O'Neal became the youngest actor ever to win, but she's probably better known for her tempestuous marriage to tennis champ John McEnroe.

—Mira Sorvino and Helen Hunt have yet to equal their award-winning successes in *Mighty Aphrodite* and *As Good As It Gets*, respectively.

—Kevin Costner went from *Dances With Wolves* to Acting in Turkeys. (*Waterworld*—what was he thinking?)

—After *My Cousin Vinny*, Marisa Tomei didn't get much big buzz until her stunning *In the Bedroom* role.


Mira Sorvino




Helen Hunt

Glamming it up

On days when they're not filming or modeling, actors often look downright frumpy. But when Oscar night rolls around, they call in their stylists, designers and jewelers to help them sparkle for the camera.


Gwyneth Paltrow in shades and in satin


Jennifer Aniston cleans up her act


Cameron Diaz shopping and shipshape

LHJ Poll

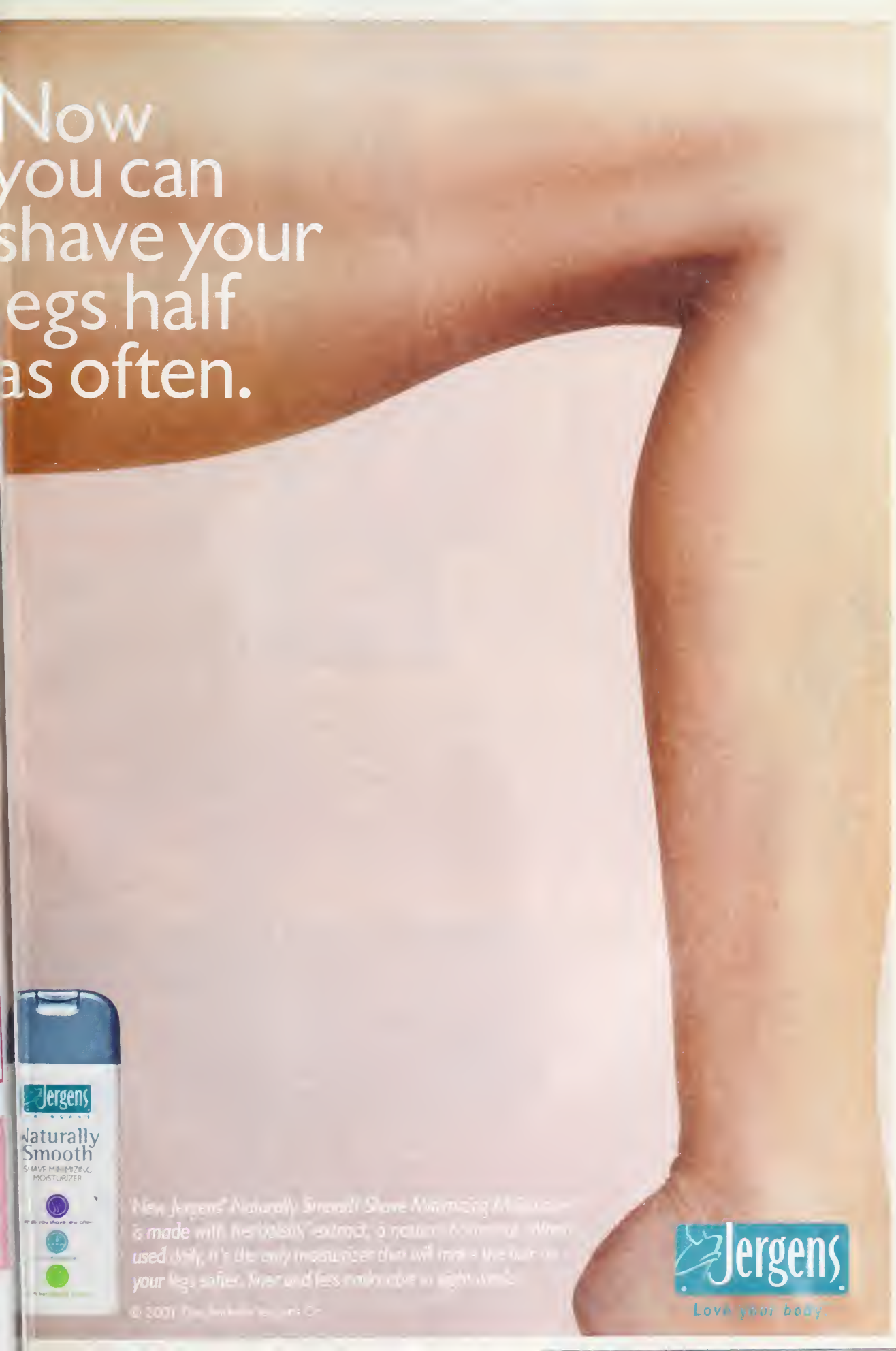
We asked women across the country to dish the ceremony. Here's what they said:

32% say their favorite memory is Julia Roberts winning the Oscar last year

44% say Björk's swan dress is the most outrageous Oscar outfit of all time

43% admit they stay up to watch the entire three-hour-plus broadcast

25% say *The Lion King* is worthy of the new Oscar for animation


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Oscar from the inside

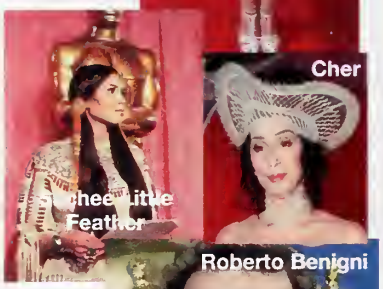
We know you remember Björk's unique dress. But do you recall the woman in Native American dress accepting Marlon Brando's statue in 1972 and other such highlights as Roberto Benigni's antics at the 1999 ceremony? We asked some popular celeb reporters to share *their* favorite on- and off-camera Oscar moments:

"Nothing may ever top being in the ladies' room with Liza Minnelli and Michael Jackson—yes, Michael Jackson—at one of [the late agent] Swifty Lazar's Oscar parties."—USA Today's *Jeannie Williams*

"Outside the awards a few years ago, I was standing with my fellow press as Nicole Kidman and Tom Cruise were entering. Ignoring all others, they made a beeline for me. She grabbed me and kissed me; then he grabbed me and kissed me."—*syndicated columnist Liz Smith*

"I loved when Renée Zellweger came in alone [in 2001] after breaking up with Jim Carrey. She was so brave, and she looked like a 1940s glamour girl. It was a Hollywood movie moment. But Cher's Titanic hat [in 1997] was an idiot hat. It totally stood out."—*Joan Rivers, correspondent,* E! Entertainment Television


Björk


Cher

Sacheen Littlefeather


Roberto Benigni



Fun factoids

- Highest-rated Oscar telecast: An 82 Nielsen share in 1954 (15 million homes)
- Big pockets: Miramax spent some $15 million promoting *Shakespeare in Love*
- Cost to produce one Oscar statue: $400
- Most Oscars for acting: Katharine Hepburn (4)
- Winner of the most Oscars: Walt Disney (26)

Surprise! they lost

Some of the world's greatest movies walked away Oscar-less. Many faced stiff competition; for instance, ***The Wizard of Oz***, ***Mr. Smith Goes to Washington*** and ***Wuthering Heights*** were all up against ***Gone With the Wind*** in 1939. Other choices are more baffling: The brilliant ***Citizen Kane*** (1941) lost to ***How Green Was My Valley***. Other also-rans and winners (by year of release):

1940: ***The Grapes of Wrath*** (lost to ***Rebecca***)
1951: ***A Streetcar Named Desire*** (lost to ***An American in Paris***)
1952: ***High Noon*** (lost to ***The Greatest Show on Earth***)
1967: ***The Graduate*** (lost to ***In the Heat of the Night***)
1976: ***All the President's Men*** (lost to ***Rocky***)
1980: ***Raging Bull*** (lost to ***Ordinary People***)
1982: ***E.T.*** (lost to ***Gandhi***)
2000: ***Erin Brockovich*** (lost to ***Gladiator***)

—Reported by Shana Aborn

Q&A Whoopi Goldberg

This year will mark the fourth time that Whoopi Goldberg, herself a 1990 Oscar winner for *Ghost*, will host the ceremony. We caught up with her recently for a quick chat about the honor.

How are the awards different this year?
"The world has changed. The people will look like people we know, and the Oscars will feel like the Oscars. But it's all taking place in a world that completely changed on September eleventh."


Whooping it up: Goldberg dazzled the audience at 1999's Academy Awards with send-ups of the previous year's most popular films

How does it feel to be the first host in Oscar's new home, the Kodak Theatre? "I suggested an old-fashioned rent party, but they told me Oscar doesn't have to pay rent anymore! So I thought, How about a fabulous housewarming? They liked that idea *much* more."

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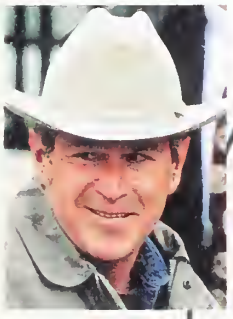
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The dinner party

We asked readers whom they'd love to dish with over dinner. The results were surprising: Funny matters more than fame, substance more than sparkle. You voted for:

1 President Bush

Bring on the BBQ, and, at all costs, steer clear of pretzels and Enron.



2 Robin Williams

Mork with a fork can be a bit risky. Make sure he sticks to decaf.



3 Oprah

What could be better than breaking bread—or better yet, having dessert—with the Mother Confessor herself?



4 Laura Bush

Get ready to feel good. These days, the First Lady can out-Oprah Oprah in the warm and fuzzy department.



5 Caroline Kennedy Schlossberg

If you want to get yourself invited to Hyannisport, don't bring up politics—she hates it.



6 Bill Cosby

He'll dispense fatherly advice over Jell-O. This stand-up dad is just as funny sitting down.



7 Pope John Paul II

Pile on the Polish sausage, and let him say grace.



8 Jennifer Aniston

On *Friends*, Rachel is eating for two; in real life, Mrs. Pitt is a perpetual dieter. And enough about Brad—let the poor girl eat!



9 Katie Couric

Have a little perky with your pork chops. And now that she's $65 million richer, let her bring the wine.



10 J.K. Rowling

Mind your manners, or the bewitching author might turn you into a moronic Muggle in *Harry Potter V*.



The table is set.
The candles are lit.
The company
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My brief life as a redhead

Always tempted by my daughter's copper tresses, this lifelong blond takes the hair-coloring plunge

By Sarah Mahoney



At New York's Minardi Salon, Maggie says *adios* to me as a blond

Maggie, my 10-year-old daughter, is a redhead. From the moment she was born, with her teeny, fuzzy red eyebrows and coppery wisps, admiring her hair has become one of my main hobbies. Over the years, I have spent countless hours with her in my lap, stroking her auburn, strawberry and pure mahogany strands.

My vanity about Maggie's hair isn't just aesthetic, as the mother of any redhead can tell you. Raising a redhead is like raising a celebrity. From our first jaunts out in a baby stroller, I grew used to delighted exclamations of passers-by: "Oh, look," people would squeal. "A redhead!" Like everyone else in the sorority of red, Maggie handles her fans well. "Thank you," she once replied demurely at age 3, as a woman gushed over her red tresses in the grocery store. "Hair my color is very unusual." About a year later, after listening to a stranger go on about how women pay millions every year to have hair her color, she turned to me and said: "Mom, you should *diet* your hair. *Diet* it red, and we could have mother-daughter hair."

Right then, the seed was planted. As a lifelong blond, I guess I could say that women pay millions every year to have my natural haircolor, too—but no one ever stopped me on the street to chat about it. But I did nothing. For one thing, I doubted that I could ever find in a bottle what Mother Nature had so splendiferously bestowed on Maggie.



Foil strips section off highlights . . .



. . . and allow Doug to add lowlights

The turning point came right around her 10th birthday. "May I?" I asked, picking up our favorite hairbrush. "No thanks," she said politely. "I can handle it." It became clear: If I wanted red hair to play with, it would have to be my own.

My first stop: a phone consultation with Doug MacIntosh at Minardi Salon in New York City, who I'd heard was one of the best "red men" in all of New York. Could he match my blond to Maggie's red? "I can get it very, very close," he tells me. "But you should know that I'll use what's called a semipermanent color—if you don't like it, you won't be able to regain your true color for at least a year." He explains that most color involves taking a woman's hair from darker to lighter—covering up a bleach job you don't like is fairly easy. But covering up my lighter hair with darker tones means the grow-out *(continued on page 52)*

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BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer **Information for Patients:** NEXIUM Delayed-Release Capsules should be taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the capsule opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **DRUG INTERACTIONS** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole-metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Esomeprazole inhibits gastric acid secretion, therefore, it is theoretically possible that esomeprazole and omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (eg, ketoconazole, ampicillin esters, digoxin, and iron salts). **Carcinogenesis, Mutagenesis, Impairment of Fertility:** The carcinogenic potential of esomeprazole was assessed using omeprazole studies. In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (about 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Dmeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy:** *Teratogenic Effects. Pregnancy Category B* - Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with omeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human doses on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers:** The excretion of esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole and omeprazole are likely to be excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from esomeprazole and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the total number of patients who received NEXIUM in clinical trials, 778 were 65 to 74 years of age and 124 patients were ≥ 75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in over 10,000 patients (aged 18-84 years) in clinical trials worldwide including over 7,400 patients in the United States and over 2,600 patients in Europe and Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system: *Body as a Whole:* abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, hot flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors; ***Cardiovascular:*** flushing, hypertension, tachycardia; ***Endocrine:*** goiter; ***Gastrointestinal:*** bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysphasia GI epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms NOS, hiccup, melena moniliasis of the pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting; *Hearing:* earache, tinnitus; ***Hematologic:*** anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; ***Hepatic:*** bilirubinemia, hepatic function abnormal, SGOT increased, SGPT increased; ***Metabolic/Nutritional:*** alkalosis, hyperglycemia, hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight change; ***Musculoskeletal:*** arthralgia, arthritis aggravated, arthropathy, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica; ***Nervous System/Psychiatric:*** anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hyperkinesia, hypertonia, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder, somnolence; ***Reproductive:*** dysmenorrhea, menstrual disorder, vaginitis; ***Respiratory:*** asthma aggravated, bronchitis, cough increased, laryngitis, rhinitis, sinusitis; ***Skin and Appendages:*** acne, angioedema, dermatitis, pruritus, rash, maculo-papular skin inflammation, sweating increased, urticaria; ***Special Senses:*** taste perversion; ***Urogenital:*** abnormal urine, albuminuria, cystitis, dysuria, fungal infection, hematuria, moniliasis, polyuria; ***Visual:*** conjunctivitis, vision abnormal. Endoscopic findings that were observed rarely include esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric nodules, Barrett's esophagus, and mucosal discoloration. Other adverse events not observed in clinical trials but reported rarely with omeprazole can be found in the omeprazole package insert. **OVERDOSAGE** A single dose of NEXIUM 1,030 mg (about 103 times the human dose on a body surface area basis), was lethal to rats. The main symptoms observed in acute toxicity studies were inhibition of motor activity, changes in respiratory frequency, tremor, ataxia, and intermittent clonic convulsions. There is limited clinical experience with esomeprazole. Reports have been received of overdosage with omeprazole in humans (doses ranging up to 2400 mg (120 times the usual recommended clinical dose). Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, vomiting, dizziness, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience (see omeprazole package insert-**ADVERSE REACTIONS**). No specific antidote for esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdosage, treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drugs should be considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Telephone numbers are listed in the Physicians' Desk Reference (PDR) or local telephone directory.

Prilosec® *(omeprazole)*
20-MG Delayed-Release Capsules

BRIEF SUMMARY Before prescribing PRILOSEC, please see full Prescribing Information. **INDICATIONS AND US**
Erosive Esophagitis: PRILOSEC Delayed-Release Capsules are indicated for the short-term treatment (4-8 weeks) in the hea
erosive esophagitis, which has been diagnosed by endoscopy. **CONTRAINDICATIONS Omeprazole** PRILOSEC D
Release Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation. **PRE**
TIONS Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic g
has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. **Informatio**
Patients: PRILOSEC Delayed-Release Capsules should be taken before eating and should not be opened, chewed or crush
should be swallowed whole. **DRUG INTERACTIONS** *Other* Omeprazole can prolong the elimination of diazepam, warfa
phenytoin, drugs that are metabolized by oxidation in the liver. Although in normal subjects no interaction with theophy
propranolol was found, there have been clinical reports of interaction with other drugs metabolized via the cytochrome P-450
(eg, cyclosporine, disulfiram, and benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the
of these drugs when taken concomitantly with PRILDSEC. Dmeprazole inhibits gastric acid secretion, therefore, it is theor
possible that omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioava
(eg, ketoconazole, ampicillin esters, digoxin, and iron salts). In clinical trials, antacids were used concomitantly with the adm
tion of PRILOSEC. **Carcinogenesis, Mutagenesis, Impairment of Fertility:** In two 24-month carcinogenicity
in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose
on a patient weight of 50 kg and a human dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in bo
and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole.
carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes
of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (approximately 35 times the human dose) for or
then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of tre
related ECL cell hyperplasia was observed at the end of one year (94% treated vs 10% controls). By the second year the dif
between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. An
primary malignant tumor in the stomach was seen in one rat (2%). No similar tumor was seen in male or female rats
for two years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is diff
interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study w
conclusive. Dmeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimurium* assay, an *in vitro* mouse lympho
assay and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and 6250 times the human dose gave a
line result, as did an *in vivo* bone marrow chromosome aberration test. A second mouse micronucleus study at 2000 tir
human dose, but with different (suboptimal) sampling times, was negative. In a rat fertility and general reproductive perfo
test, omeprazole in a dose range of 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose) was not toxic
terious to the reproductive performance of parental animals. **Pregnancy:** *Category C* - Teratology studies conducted in pr
rats at doses up to 138 mg/kg/day (approximately 345 times the human dose) and in pregnant rabbits at doses up to 69 mg
(approximately 172 times the human dose) did not disclose any evidence for a teratogenic potential of omeprazole. In
omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose
increases in embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and p
developmental toxicity were observed in offspring resulting from parents treated with omeprazole 13.8 to 138.0 mg/kg/day (
imately 35 to 345 times the human dose). There are no adequate or well-controlled studies in pregnant women. Sporadic
have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pre
Dmeprazole should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nu**
Mothers: It is not known whether omeprazole is excreted in human milk. In rats, omeprazole administration during late g
and lactation at doses of 13.8 to 138 mg/kg/day (35 to 345 times the human dose) resulted in decreased weight gain
Because many drugs are excreted in human milk, because of the potential for serious adverse reactions in nursing infan
omeprazole, and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision
be made whether to discontinue nursing or to discontinue the drug, taking into account the importance of the drug to the
Pediatric Use: Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** No overall dif
in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has
tified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals c
ruled out. **ADVERSE REACTIONS** In the U.S. clinical trial population of 465 patients (including duodenal ulcer, Zollinge
syndrome and resistant ulcer patients), the following adverse experiences were reported to occur in 1% or more of pa
therapy with PRILOSEC. Numbers in parentheses indicate percentages of the adverse experiences considered by investig
possibly, probably or definitely related to the drug:

	Dmeprazole (n=465)	Placebo (n=64)	Ranitidine (n=19
Headache	6.9 (2.4)	6.3	7.7 (2.6)
Diarrhea	3.0 (1.9)	3.1 (1.6)	2.1 (0.5)
Abdominal Pain	2.4 (0.4)	3.1	2.1
Nausea	2.2 (0.9)	3.1	4.1 (0.5)
URI	1.9	1.6	2.6
Dizziness	1.5 (0.6)	0.0	2.6 (1.0)
Vomiting	1.5 (0.4)	4.7	1.5 (0.5)
Rash	1.5 (1.1)	0.0	0.0
Constipation	1.1 (0.9)	0.0	0.0
Cough	1.1	0.0	1.5
Asthenia	1.1 (0.2)	1.6 (1.6)	1.5 (1.0)
Back Pain	1.1	0.0	0.5

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been reported in int
double-blind, and open-label, clinical trials in which 2,631 patients and subjects received omeprazole and 120 patier
placebo. A causal relationship was not assessed. The percentages are given omeprazole then placebo, respectively. *Body as*
site unspecified: Abdominal Pain 5.2% and 3.3%; Asthenia 1.3% and 0.8%. *Digestive System:* Constipation 1.5 and 0.8
3.7 and 2.5; Flatulence 2.7 and 5.8, Nausea 4.0 and 6.7; Vomiting 3.2 and 10.0; Acid regurgitation 1.9 and 3.3
System/Psychiatric: Headache 2.9 and 2.5. Additional adverse experiences occurring in < 1% of patients or subjects in
and/or international trials, or occurring since the drug was marketed, are shown below within each body system. In many
the relationship to PRILOSEC was unclear. *Body As a Whole:* Allergic reactions, including, rarely, anaphylaxis (see also *Sk*
fever, pain, fatigue, malaise, abdominal swelling. *Cardiovascular:* Chest pain or angina, tachycardia, bradycardia, palpitation
blood pressure, peripheral edema. *Gastrointestinal:* Pancreatitis (some fatal), anorexia, irritable colon, flatulence, fecal disr
esophageal candidiasis, mucosal atrophy of the tongue, dry mouth. During treatment with omeprazole, gastric fundic gla
have been noted rarely. These polyps are benign and appear to be reversible when treatment is discontinued. Gastroduod
noids have been reported in patients with ZE syndrome on long-term treatment with PRILDSEC. This finding is believed to
festation of the underlying condition, which is known to be associated with such tumors. *Hepatic:* Mild and, rarely, marked
of liver function tests [ALT (SGPT), AST (SGOT), γ-glutamyl transpeptidase, alkaline phosphatase, and bilirubin (jaundic
instances, overt liver disease has occurred, including hepatocellular, cholestatic, or mixed hepatitis, liver necrosis (se
hepatic failure (some fatal), and hepatic encephalopathy. *Metabolic/Nutritional:* Hyponatremia, hypoglycemia, we
Musculoskeletal: Muscle cramps, myalgia, muscle weakness, joint pain, leg pain. *Nervous System/Psychiatric:* Psychic di
including depression, aggression, hallucinations, confusion, insomnia, nervousness, tremors, apathy, somnolence, anxi
abnormalities; vertigo; paresthesia; hemifacial dysesthesia. *Respiratory:* Epistaxis, pharyngeal pain. *Skin:* Rash and, rare
severe generalized skin reactions including toxic epidermal necrolysis (TEN; some fatal), Stevens-Johnson syndrome, an
multiforme (some severe); purpura and/or petechiae (some with rechallenge); skin inflammation, urticaria, angioedem
alopecia, dry skin, hyperhidrosis. *Special Senses:* Tinnitus, taste perversion. *Urogenital:* Interstitial nephritis (some w
rechallenge), urinary tract infection, microscopic pyuria, urinary frequency, elevated serum creatinine, proteinuria, hemat
suria, testicular pain, gynecomastia. *Hematologic:* Rare instances of pancytopenia, agranulocytosis (some fatal), thrombo
neutropenia, anemia, leucocytosis, and hemolytic anemia have been reported. **OVERDOSAGE** Reports have been
overdosage with omeprazole in humans. Doses ranged up to 2400 mg (120 times the usual recommended clin
Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, vomiting, d
flushing, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience. (See ADVE
TIONS.) Symptoms were transient, and no serious clinical outcome has been reported when PRILOSEC was taken alone.
antidote for omeprazole overdosage is known. Omeprazole is extensively protein bound and is, therefore, not readily d
the event of overdosage, treatment should be symptomatic and supportive.

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NOTE: This summary provides important information about NEXIUM and PRILOSEC. If you would like more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with

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LADIES' HOME JOURNAL

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THE BEST EVENTS, PROMOTIONS AND PRODUCTS FOR WOMEN



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(continued from page 48) would be more complicated. "Buy a wig," he says. "Wear it for a week, and call me back if you're still game."

At a wig store, a friend helps me pick out a chic red bob. People are politely quiet when I return to the office. "You look like Irma La Douce," a co-worker finally volunteers. I wear it home: Maggie is nonplussed, and my 9-year-old son, Evan, is blunt. "Boy, do you look weird," he says. I study myself in the mirror. I look like a stranger.

But I decide I'm ready for a big change, so Maggie and I go to the salon. Doug greets us and gets right to work, running his fingers through Maggie's hair. The key to her color, he says, is complexity. "See how it really is many different colors at once? That's what we'll do for you." With a pile of foil leaves, he sections off my hair so minutely that I swear there are wraps with no more than two strands. Some are left plain—these will be the blond highlights in my new look. Some, the lowlights, are painted a deeper auburn, which, sloshed on the foil, is a frightening *I Love Lucy* red. As he wraps, he continues to size up Maggie's locks: "One ounce 9 AA, half ounce 8 WG and a half ounce 6 AA," he calls out to an assistant. A new carroty mess is smooshed into my hair around the foil wraps. It's a little stinky. Doug trots me over to a heat lamp, and I'm left to bake for 20 minutes. He washes the goop out and lets Maggie [illegible] enjoyed her [illegible] blow-out—slap on the second coat.

Wet, my hair looks dark and different and scary. But as my blow-out begins, I'm enchanted.



Twenty minutes of heat sets the color



Maggie admires Doug's color skills



Mother Nature: not perfect, but close

Exactly like Maggie's? Too soon to tell, but like her hair, it is amazingly complex. Within 30 seconds, I love it. It looks natural, alive. Someone says it makes my eyes brighter, my skin warmer. Maggie loves it, too, generously willing to share the redhead spotlight with her 41-year-old mother. When we get home, Evan hates it. "It's creepy," he says. "I like yellow hair better."

At work, there are the obligatory polite reactions. Otherwise, there are no major changes. No marriage proposals, no job offers, no sales people offering discounts. The biggest change comes when I'm out with Maggie: Not once does anyone ask, "Where *does* she get that red hair?"

After eight weeks, I go in for my first "maintenance" appointment, not sure whether I'll ask Doug to reboot the red or start the yearlong highlight process that will return me to my blond roots. Right up until I sit in his chair, I'm not sure what I will say. But as I stare at myself in the mirror, I realize, as much as I love Maggie's mane, I gotta be me.

"Go ahead," I say to Doug as he snaps the smock around my neck. "Bring back the blond." ■

Get red at home

To go red on your own, start at Clairol's Try It On Studio (*www.clairol.com*) to see what the results will be when different shades are applied to your original color. If you're a brunet, you can choose your color from the back of the box. If you're blond, you will need to apply two different colors. First, prime your hair with a permanent strawberry blond shade such as Nice 'n Easy 108 Natural Reddish Blonde ($5.99). Apply for 20 to 25 minutes. Towel dry, then apply your second shade for 20 to 25 minutes. Your final color will look like your second selection.



HEMO WAS STEALING THE ENERGY NEEDED FOR MY GRANDSON.

ITIL I TALKED TO MY DOCTOR ABOUT GETTING IT BACK.

hemotherapy making you weak? You may be anemic without knowing it. Anemia is a common effect of chemotherapy; in fact, it affects 7 out of 10 chemotherapy patients. It means your body n't have enough red blood cells. This can result in symptoms like extreme tiredness, dizziness, hortness of breath. However, there is an effective medicine. It's called PROCRIT® (Epoetin alfa).

OCRIT is identical to a substance your body produces naturally. And it helps your body produce lood cells that can restore your energy. PROCRIT has been proven safe and effective. In trials, diarrhea and edema occurred more often with PROCRIT than placebo. Please see the following summary of Prescribing Information. PROCRIT is available by prescription only and is for nts with most types of cancer, such as breast and lung (non-myeloid). Find out how PROCRIT treat your anemia and help you get back the strength you need — *your strength for living.*

k your doctor if PROCRIT is right for you.

1.888.269.1882 for your FREE information booklet or visit www.PROCRIT.com

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BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA OF CANCER PATIENTS ON CHEMOTHERAPY

PROCRIT®
EPOETIN ALFA
For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE *PHYSICIANS' DESK REFERENCE®*

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia in patients with nonmyeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of 2 months. PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding, which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal.

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrit (HCT) measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In male and female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV there was trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric Cancer Patients on Chemotherapy: Published literature has reported the use of PROCRIT in approximately 64 anemic pediatric cancer patients ages 6 months to 18 years, treated with 25 to 300 U/kg subcutaneously (SC) or IV, 3 to 7 times per week. Increases in hemoglobin and decreases in transfusion requirements were noted.

Hypertension: Hypertension, associated with a significant increase in HCT, h been noted rarely in cancer patients treated with PROCRIT. Nevertheless, blo pressure (BP) in patients treated with PROCRIT should be monitored carefu particularly in patients with an underlying history of hypertension or cardiovascu disease.

Seizures: In double-blind, placebo-controlled trials, 3.2% (N=2/63) of patie treated with PROCRIT and 2.9% (N=2/68) of placebo-treated patients had seizur Seizures in 1.6% (N=1/63) of patients treated with PROCRIT occurred in context of a significant increase in BP and HCT from baseline values. However, b patients treated with PROCRIT also had underlying CNS pathology which may ha been related to seizure activity.

Thrombotic Events: In double-blind, placebo-controlled trials, 3.2% (N=2/63) patients treated with PROCRIT and 11.8% (N=8/68) of placebo-treated patients h thrombotic events (eg, pulmonary embolism, cerebrovascular accident).

Growth Factor Potential: PROCRIT is a growth factor that primarily stimulates cell production. However, the possibility that PROCRIT can act as a growth fac for any tumor type, particularly myeloid malignancies, cannot be excluded.

ADVERSE REACTIONS

Adverse experiences reported in clinical trials with PROCRIT in cancer patie were consistent with the underlying disease state. In double-blind, placeb controlled studies of up to 3-months duration involving 131 cancer patien adverse events with an incidence >10% in either patients treated with PROCRIT placebo-treated patients were as indicated below.

Percent of Patients Reporting Event: Event followed by Patients Treated W PROCRIT (N=63) first, Placebo-Treated Patients (N=68) second:
Pyrexia 29%, 19%; Diarrhea 21%,[a] 7%; Nausea 17%,[b] 32%; Vomiting 17%, 15 Edema 17%,[c] 1%; Asthenia 13%, 16%; Fatigue 13%, 15%; Shortness of Brea 13%, 9%; Paresthesia 11%, 6%; Upper Respiratory Infection 11%, 4%; Dizzine 5%, 12%; Trunk Pain 3%,[d] 16%.
[a]P=0.041; [b]P=0.069; [c]P=0.0016; [d]P=0.017.

Although some statistically significant differences between patients treated w PROCRIT and placebo-treated patients were noted, the overall safety profile PROCRIT appeared to be consistent with the disease process of advanced can During double-blind and subsequent open-label therapy in which patients (N=72 total exposure to PROCRIT) were treated for up to 32 weeks with doses as high 927 U/kg, the adverse experience profile of PROCRIT was consistent with progression of advanced cancer.

Based on comparable survival data and on the percentage of patients treated w PROCRIT and placebo-treated patients who discontinued therapy due to dea disease progression or adverse experiences (22% and 13%, respectively; P=0.0 the clinical outcome in patients treated with PROCRIT and placebo-treated patie appeared to be similar. Available data from animal tumor models and measurem of proliferation of solid tumor cells from clinical biopsy specimens in response PROCRIT suggest that PROCRIT does not potentiate tumor growth. Neverthele as a growth factor, the possibility that PROCRIT may potentiate growth of so tumors, particularly myeloid tumors, cannot be excluded. A randomized contro Phase IV study is currently ongoing to further evaluate this issue.

The mean peripheral white blood cell count was unchanged following PROC therapy compared to the corresponding value in placebo-treated group.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single multiple doses has not been determined. Doses of up to 1500 U/kg 3 ti weekly (TIW) for 3 to 4 weeks have been administered to adults without any d toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythe if the HCT is not carefully monitored and the dose appropriately adjusted. If suggested target range is exceeded, PROCRIT may be temporarily withheld the HCT returns to the suggested target range; PROCRIT therapy may then resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If p cythemia is of concern, phlebotomy may be indicated to decrease the HCT.

DOSAGE AND ADMINISTRATION

Baseline endogenous serum erythropoietin levels varied among patients in t trials with approximately 75% (N=83/110) having endogenous serum erythropo levels <132 mU/mL, and approximately 4% (N=4/110) of patients ha endogenous serum erythropoietin levels >500 mU/mL. In general, patients lower baseline serum erythropoietin levels responded more vigorously to PRO than patients with higher erythropoietin levels. Although no specific serum ery poietin level can be stipulated above which patients would be unlikely to respon PROCRIT therapy, treatment of patients with grossly elevated serum erythropo levels (eg, >200 mU/mL) is not recommended. The HCT should be monitored weekly basis in patients receiving PROCRIT therapy until HCT becomes stable

Starting Dose: The recommended starting dose of PROCRIT for adults is 150 SC TIW. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Dose Adjustment: If the response is not satisfactory in terms of redu transfusion requirements or increasing HCT after 8 weeks of therapy, the do PROCRIT can be increased up to 300 U/kg TIW. If patients have not respo satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will res to higher doses of PROCRIT. If the HCT exceeds 40%, the dose of PROCRIT sh be withheld until the HCT falls to 36%. The dose of PROCRIT should be red by 25% when treatment is resumed and titrated to maintain the desired HCT. initial dose of PROCRIT includes a very rapid HCT response (eg, an increa more than 4 percentage points in any 2-week period), the dose of PROCRIT sh be reduced.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

◆

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A country star shines

Martina McBride blends a hot career with a happy home

It's a hectic day for country singer Martina McBride. She's been dashing from one appointment to the next in New York City and has an appearance this evening on *Larry King Live*. But when she arrives for a late-afternoon chat with LHJ at a hotel bar, she couldn't be more serene. As McBride, 35, speaks—her gentle voice hinting at her small-town Kansas roots—you have to remind yourself that this chart-topper can belt it out in the tradition of Aretha Franklin, one of her favorite singers. These days, the Country Music Association's (CMA) 1998 Female Vocalist of the Year, who recently released a greatest-hits CD and continues a multi-city tour, schedules concerts to allow plenty of time at home in Nashville with her husband of 14 years, sound engineer John McBride, and their daughters, Delaney, 7, and Emma, 4.



McBride takes her show on the road

Is your husband a help in balancing your life?

"I think there's a real difference between the way mommies and daddies think. I always say my husband is such a great father and a great partner, and he has never balked at giving the girls baths or taking them out for the afternoon so I can have some time to myself. Never. But I'm the one who has to say, 'Could you go give them their bath?' or whatever. The mommy's mind is always in forty different places at once."

What keeps your marriage strong?

"A lot of it is just finding the right person. But you have to have mutual respect and show it. Also, John is the first person I would want to hang out with, if I could pick anyone in the world."

You've got lots of crossover fans, but you're basically a country singer. How do you feel about that label?

"I'm proud of being known as a country singer and being part of this wonderful genre of music. I do think there's a bit of a stereotype when it comes to country music, something that we're always working against. But I just believe in the music, and I never feel hemmed in artistically."

Would you like to branch out into TV or movies?

"I have no aspirations to act. I'm filled up with my music and all the things I want to do in my life. I *do* have a desire to once and for all get my closets organized."

You're the spokesperson for the National Network to End Domestic Violence. What drew you to that cause?

"When I recorded the song 'Independence Day' [about an abusive relationship], what it did for me—and does, I think, for a lot of people—was to make me want to do something to make a difference. It made me so angry at the unfairness of this situation. As I gained more celebrity, it became obvious to me that I could do a lot of good by lending my name to this cause. It just seemed like the right thing to do."

—Jim Brosseau

A salute to her "sisters"

Faith Hill "She has a handle on her priorities. She is so devoted to her family. It's great to see somebody who can make it all work and still be so down-to-earth."





Dolly Parton "Dolly was one of the first country artists to become a household name. She's very talented and a very hard worker."



Reba McEntire "Reba got to the pinnacle of our genre of music, but that's not where she stopped. She's always been a class act with a lot of integrity, and she has always treated everybody with respect."

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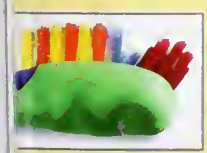
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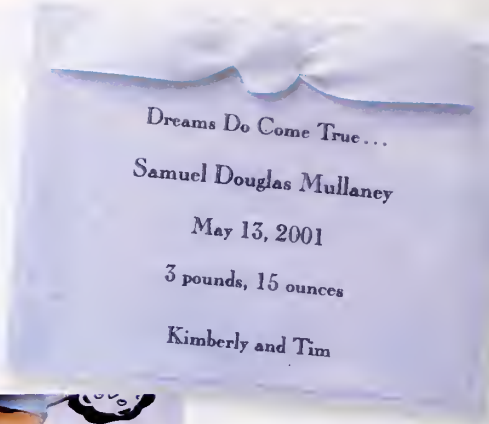
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The five-day wonder pregnancy



Sam's birth announcement was anything but expected for many of our friends

Most people have nine months to prepare for the birth of a baby. We didn't even get a week

By Timothy J. Mullaney

You could say Kim had something to tell me. I laughed later when I saw the phone bill: three calls to my voice mail between 3:46 P.M. and 3:51 P.M. last May 8, before I finally answered attempt number four. "Can't talk, Baby," I barked. I had an important caller waiting on the other line. "Oh, no you don't," my wife snapped back. "I'm pregnant."

Pregnant? How could that be? Seventeen years ago Kim, 37, had been diagnosed with Polycystic Ovarian Syndrome (PCOS), a little-recognized disorder that affects up to 10 percent of women of childbearing age and almost always causes infertility. Over the course of our 12-year marriage we'd made an uneasy peace with the diagnosis. Even so, for my 40th birthday, when Kim said she wanted to buy me a convertible, I told her I really wanted a Volvo station wagon. We both knew what that meant.



But in our wildest dreams we never expected our wish to be granted, especially under the current circumstances. Just the day before, Kim's doctor had been puzzling over her. Her ankles had swelled to the size of tree trunks after a plane ride back from a business trip in April, but the tests for diabetes—his first thought—had come back negative. Still, her blood pressure was sky-high; her cholesterol was through the roof. At a loss, the doctor administered one more test, because blood-pressure medication can cause birth defects.

Surprise! But the real punch line was the part we didn't find out until later that day: Kim was *seven months* pregnant.

I'm sure you're wondering, how could we not know? Easy. No periods? PCOS does that. Morning sickness? Nada. Weight? Kim had just lost 70 pounds; putting some back on didn't surprise us. Weight swings are another part of PCOS anyway. Baby kicking? Well, you've got us there. Would you believe we were so convinced we couldn't conceive that we attributed Kim's stomach movements to gas?

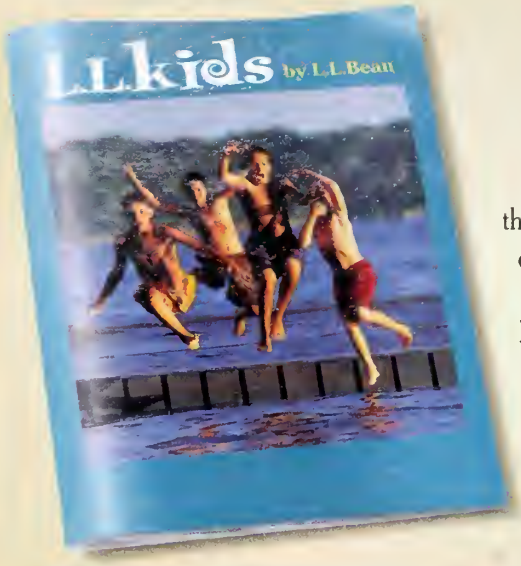
"Wait, Kimmie," I said as she began to hang up. "Remember: This could be a really good thing. We've always wanted this."

"I know," she said. "But I'm scared."

Tuesday, May 8

Still under the impression that Kim was only a few weeks *(continued)*


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pregnant, I considered the math of the coming months on the train ride home. Forty more pounds. Kim's blood pressure plus 50 points. How much could she take?

I loved that baby already, but there was no doubt whom I needed more. Kim and I complete each other. Our life was full without children: strong families, enough friends, interesting careers. Yes, the baby issue was never dead. Still, we'd hesitated to pay the price of treatments that might fail, of birth mothers whose whims could turn us inside out.

Now with Kim's health possibly in jeopardy, that price looked higher than ever. At 6 P.M., I arrived at the ER at Overlook Hospital, in Summit, New Jersey. We quickly assumed our roles: Kim, nervous, but mostly thrilled and embarrassed; me, acknowledging her chagrin—I was the genius who'd blamed the baby's kicks on Indian food—but too overwhelmed to care. A nurse asked if I wanted to hear the heartbeat.

"It's so fast," I said.

"Fetal heartbeats are like that," she replied.

"What does it mean?"

"You're twenty-two to twenty-four weeks."

"Oh, my God," I howled, so aghast I had to laugh. "I'm so unprepared!"

We waited three hours to have an ultrasound confirm her theory, and amid the cold tile efficiency of the ER, Kim and I took stock of the luck that brought us to this. Kim toted our mistakes: no prenatal care, offhand diet, overwork. I reminded her: You barely drink, don't smoke, usually eat what you should. We'll get through this, whatever happens, we decided.

Then the ultrasound technician finally came and said he'd measure the femur to determine fetal age. "Do you want to know if you're having a bo or a girl?" he asked.

"No," said Kim firmly. She'd a ways said there are so few surprises life and that, if our turn to have a bal ever came, she'd save that one. I kne her rule, but, silly me, I thought we already had about as many surprises we could stand.

"No," she repeated, "and do look, either."

"Thirty-one weeks," the tech s pronounced.

"Uuuuuuhhhh," said Kim.

"That's the kind of pregnanc want," the nurse joked.

Then, all the horrible thoughts t came to me on the train were eras Kim's blood pressure had proba spiked as much as it was going She wouldn't be gaining anot 40 pounds. We were past the w of prematurity.

Kim was going to be fine. We v having a baby.

Wednesday, May 9

My job is to keep you pregnant." mcn to that, we told Kathy, our urse in the labor and delivery nit. Without ceremony, she laid it the program.

Kim had preeclampsia, a con- riction of blood vessels caused y a defective placenta. It can have asty effects, including stroke, onvulsions and depleted kidney nction. Here's what I knew out preeclampsia: One episode *ER* included a preeclampsia pa- ent, and Dr. Mark Greene tched her treatment and killed r. But preeclampsia signals when s getting dangerous. Since Kim was mitted for the duration of the preg- ncy, our nurses could catch compli- tions easily. We hoped she'd last ee weeks. The prescription: no nulation, few visitors, lots of moni- s. First, though, we needed a more phisticated ultrasound to tell how gnant we really were. This brought count up to 33 weeks.

Back in Kim's room, we had just a phone and a bizarro story to tell our friends and relatives. Suck up the embarrassment: tell the truth, we decided. My buddy Al Szabo's insults made me laugh so hard, the nurses came in to see what was wrong.



Tim (with Camden and Bailey), Kim and Sam

Thursday, May 10, through Saturday, May 12

Other people take nine months to name babies. We had more like nine minutes.

"Schuyler, if it's a boy," I said.

"Why?" Kim wanted to know.

"We can call him Sky. As in, I fell from the . . . "

"Very funny," said Kim, threatening to throw the baby-name book at my head.

We settled quickly on Graeme for a girl. The boy name was more difficult.

"Samuel," I said. "Hebrew for God listens."

"He does," said Kim. "Look at us."

My sister, Kathleen, later e-mailed: "You must know the story of Samuel, born when Hannah prayed for a son after years of barrenness. Pat," she wrote, referring to her husband, "says you're not that biblically attuned. If he's right, I'll fall over. It'll be another miracle."

Pat was right.

From there, it was a waiting game. Kim's blood pressure declined by Friday. On Saturday night, we watched the Orioles play the Yankees. Then I went home. Our sheets in the wash, I crashed in the guest room, leaving *(continued)*

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ONDER PREGNANCY
ntinued

e phone on our unused bed.
At the hospital, Kim made a point
ordering a Sunday lunch I'd like.

unday, May 13

ie phone began ringing around 2 A.M.
nswered at 4:56.
"Tim, it's Kathy," our nurse said.
m's liver function had nosedived,
d they had already started inducing
)or. I took so long to hear the phone,
ıffled in our mattress, Kathy had al-
)st called the police. "Don't panic,"
e said. "But get here."
Don't panic? I got dressed panick-
; in full. Liver failure? What day is
lay, anyway?
Sunday.
Mother's Day?!
laughed out loud. No one was go-
to die on Mother's Day. I relaxed
I headed to the hospital.
By the time I got there, they had
ermined that the induction didn't
rk—and Kim's blood pressure was
ring. Joseph Barresi, M.D., the
gyn on call, introdueed himself
began an exam Kim preferred I
n't watch.
)ne quick tour of the neonatal
nsive-care unit later, a plan was in
e: cesarean. I'd sit by Kim's head,
ieet shielding her abdomen. The
'U team, led by Gaines Mimms,
)., would treat the baby. I'd follow
)aby as Kim went to recovery.
im's parents, with us for the blessed
it, and I placed last-minute bets.
Girl," said her mom.
Girl," said her dad.
Boy," I said. "Four pounds three."
As long as it's healthy," said Kim.
hen 12 years of waiting ended in
)e 12 minutes. At 10:52 P.M., Bar-
crowed, "It's a boy." I felt like I'd
shot. This very acute sensation
ne tiny spot in my chest, then joy
)ded through me as the "bullet"
apart.
How does he look to you?"
ms asked me.
reat! Huge!" Actually, Sammy
tiny and translucent-skinned—
3 pounds, 15 ounces—with reddish-blond hair and blue eyes. "You guys prepared me for much worse," I said, then counted everything in sight. Ten, two. Ten, two. I slipped my finger in his tiny hand, amazed by its delicacy. Sam made a fist—hard, his conviction surprising me for the first time, but not the last—and I was a goner. We introdueed Sam and Kim, then raced to the NICU, where he stayed for 12 days before coming home.

I met Kim in recovery around noon. As she slept in the dark, I ate the lunch she ordered Saturday night. Over corn soup and hot turkey, I wept.

Epilogue

People ask two questions: What was it like, and hasn't your life changed totally?

It was nuts—obviously—but romantically nuts. It made people go out of their way for us: No one wanted to be in our shoes, but everyone could put themselves there. The carpet for Sam's room arrived in three days; painters came in two. As people saw us having a ball, even The Home Depot joined in.

But I don't know if our lives changed any more profoundly because Sam was the Five-Day Wonder Baby. He's amazing: jolly, healthy, always game. He relaxes us pervasively: When Kim was laid off in December, for example, we just moved on. But is that because no surprise throws us now, or is that just how having a kid is?

To know how Sam changed us, consider this scene from Father's Day: Sam was screaming, and the song that calmed him best was Pachelbel's "Canon in D" (a.k.a. the movie theme from *Ordinary People*). In the middle, the instruments diverge. The violins soar, as if reaching for some unknowable fate. The cellos and bass inhabit the background, letting the violins be the show, sounding rich and content.

What happened to me in five days?

The violins became the cellos.

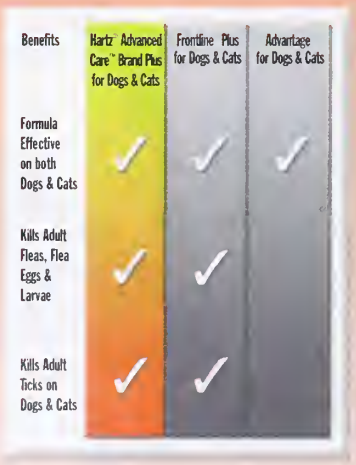
That's how my son changed my life. Isn't it pretty much how your child changed yours? ■

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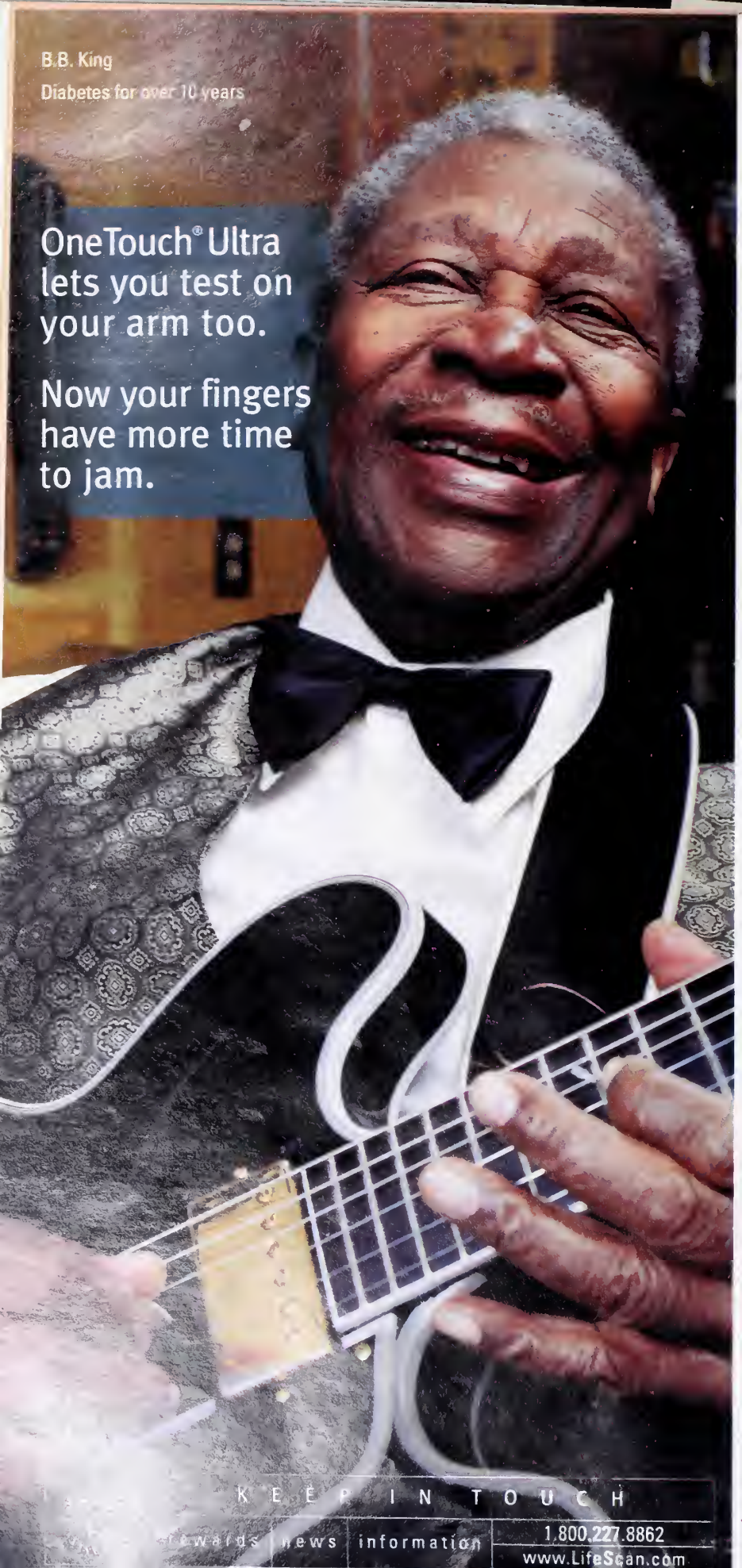


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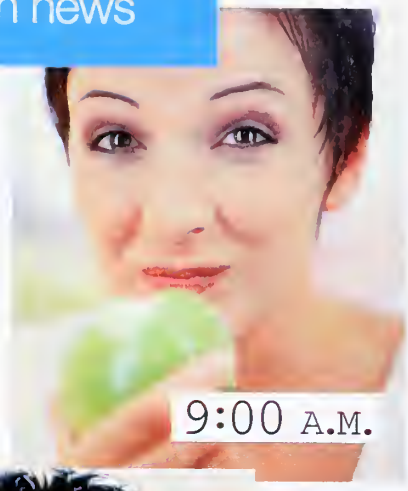
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Trying to lower your cholesterol by eating more fruits and vegetables and cutting back on saturated fats? Well, you've got it partly right. New scientific research suggests that your success may depend on not just what you eat but how often.

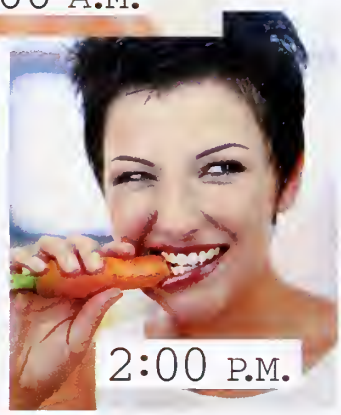
Investigators at the University of Cambridge, in England, questioned more than 14,000 men and women ages 45 to 75 about how often they ate meals and snacks. They also measured their cholesterol levels. They found that people who reported eating six or more times a day had about 5 percent lower concentrations of cholesterol in their blood than those who reported eating once or twice a day, and about 4 percent lower than those who ate three times a day.

Kay-Tee Khaw, an investigator on the study, believes the benefits of frequent noshing can be explained by effects on metabolism. "When you eat after having not eaten for a long period of time, you get much higher insulin peaks than when you eat frequently," she says. "This influences the enzymes in the body, particularly the ones in the liver that are responsible for cholesterol production and metabolism. There may be more production of cholesterol in people who eat infrequently compared to people who eat frequently."



But eating more often doesn't mean you can eat whatever you want. "The thing is not to go and eat french fries ten times a day," Khaw stresses. "A healthy diet is still the most important prevention, along with doing more physical activity and cutting out smoking. But if your diet is already healthy, spreading out what you eat over more frequent meals may have additional benefits."

—Marisa Sandora



body briefs

LONG CYCLES UP DIABETES RISK

A recent study at Brigham and Women's Hospital, in Boston, found that women with long (40 days or more) or highly irregular menstrual cycles have a significantly greater risk for developing Type 2 diabetes than women whose cycles are 26 to 31 days. If you have long or irregular cycles ask your doctor how you can reduce your diabetes risk.



SPF IN MAKEUP DOESN'T LAST

Relying on your foundation to protect your skin from the sun? You may need frequent touch-ups. A study at Wake Forest University School of Medicine, in Winston-Salem, North Carolina, found that for women with oily skin it takes only two hours or less for foundation (liquid, cream/powder or lotion) to lose its sun-shielding capability. The same was true for women with other skin types within four hours.

HOME TEST FOR PERIMENOPAUSE

The first perimenopause self-test to receive FDA approval is now available. The Menopause Home Test measures levels of follicle-stimulating hormone (FSH) in a woman's urine. The onset of perimenopause is associated with elevated FSH levels. The test can be purchased for $59.95 at *www.MenopauseHomeTest.com* or by calling 800-500-2055.

—Dominique Andrews





Adding a 'walk break' to your run can help you go the distance

Take it easier— and burn more calories

The number of women finishing road races—marathons, 10ks, 5ks and the like—has more than doubled since 1985, according to USA Track & Field. But instead of running the entire time, many women today are making regular walk breaks part of their routine. Taking short walk breaks, even at the beginning of a run when you aren't tired, keeps the body from fatiguing as quickly, says exercise physiologist Gary Moran. Thus, you can exercise longer and burn more calories. Beginners should try walking for four or five minutes and then running for one or two; experienced joggers should try the reverse.

—Dorie Edelstein

Preventing drug mix-ups

Prescription-drug errors have long been a problem in this country, killing more than 7,000 Americans a year. One fourth of these mistakes stem from confusion over drugs whose names sound alike or look similar in print. But now the FDA is requiring pharmaceutical companies to address this problem by coming up with more distinctive ways to print drug names on their bottles—by using multiple colors and capitalizing letters in certain syllables, for instance. For now, watch out for the most common mix-ups:

drug:	treats:	mistaken for:
Prilosec	heartburn	Prozac (depression)
Serzone	depression	Seroquel (psychosis)
Zyrtec	allergies	Zyprexa (psychosis)
Celexa	depression	Celebrex (arthritis) & Cerebyx (seizures)
chlorpropamide	diabetes	chlorpromazine (psychosis)
hydroxyzine	anxiety	hydralazine (hypertension)
Lamisil	fungus	Lamictal (epilepsy)
Sarafem	Premenstrual Dysphoric Disorder	Serophene (infertility)

—Michele Meyer

the healers

The fight of her life



Werbinski is now working on a women's health residency curriculum

If Janice Werbinski, M.D., has her way, you will someday have the option of being treated by a physician who is specially trained in women's health, in the same way that others are trained in pediatrics or cardiology. Werbinski is the founding president of the American College of Women's Health Physicians (ACWHP), a national organization formed in 1996 with the goal of making women's health a recognized medical specialty.

"We're finding so many differences between men's and women's health," says Werbinski, 54, an ob/gyn in Kalamazoo, Michigan. "A women's health specialty would be the vehicle to translate new gender-based research into clinical medical practice."

Not everyone supports Werbinski's efforts. In 1999, the American Medical Association took an official stand against the specialty, recommending instead that all training include more emphasis on women. But to the ACWHP, this isn't enough. "How will instructors be able to effectively train others if they aren't given the budget and time dedicated specifically to women's health?" asks Werbinski. "A women's health specialty is something that I know has to happen."

For more information, go to *www.acwh.org*.

—Marisa Sandora


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Little habits that heal

These five simple health strategies will help you get well—fast **By Diane di Costanzo**

When Merrie Clarke, 43, an architectural designer and mother of two young boys in San Anselmo, California, was diagnosed with invasive breast cancer in August 2000, she was devastated. But instead of dwelling on her condition, she immediately started practicing the habits doctors associate with recovery. Clarke logged on to the Internet and downloaded information about the best oncologists in her area, sought the counsel of her clergy and practiced yoga to fight the stress and fatigue caused by the disease. "Most important, I chose the best ways to spend my limited energy," she says. "I gave up my college teaching position for the semester, quit the volunteer jobs I'd committed to and spent more time reading to my boys, playing Monopoly and savoring everyday moments." Clarke, who opted for chemotherapy and a double mastectomy to treat the cancer that had spread from her breast to her lymph nodes, is now cancer-free.

Doctors have long believed that certain attitudes and behaviors seem to propel patients into recovery—and scientific studies are now backing those observations. Here, the habits that help us heal:



Do your health homework: Research your condition online to become an informed patient

1 TAKE CHARGE OF YOUR CONDITION

Your first task: to obtain copies of all your records—blood work, pathology reports, MRIs—and learn how to read them. Your doctor can show you how. "Ask your physician to put 'copy to the patient' on every test he or she requests," says Darol Joseff, M.D., a clinical assistant professor of medicine at the University of Southern California at Santa Barbara and co-author of *Making Informed Medical Decisions* (O'Reilly Publications, 2000).

Because medical care is decentralized among many specialists, your own personal folder—and your ability to understand its contents—ensures that no critical piece of information will be overlooked. Bring it with you to every doctor or specialist you see. Also, if you're researching your condition online, it's important to know the specifics of your case, as medical material can be highly specialized. When you're on the Web, start your medical research by determining who—or what organization—is posting the information and whether they have a vested interest in doing so, advises Joseff, who teaches a course called "Finding and Evaluating Health Information on the Internet" at Santa Barbara City College. For instance, drug company–sponsored sites may provide useful medical information, but be aware that they'll be positioning their product as a prime therapy. Also, check when the material was posted—reputable sites will generally indicate this. Avoid sites that seem long on hype—especially those proclaiming "cures" for diseases you know to be incurable. Always maintain a conscious skepticism that prompts you to do further research when data sound skewed.

If, in the course of your research, you learn about tests or treatments your doctor hasn't mentioned—or, if your findings run contrary to the opinions he or she expressed—don't be afraid to ask why, says Amy S. Langer, executive director of the National Alliance of Breast Cancer Organizations. And if your doctor recommends surgery or a treatment you don't feel comfortable with, get a second opinion. "The bottom line," says Langer, "is that you've got to be your own advocate."

(continued)

Don't let seasonal allergy symptoms wear you down

GET REAL RELIEF WITH ALLEGRA — AND THE ALLEGRA EXTRAS PROGRAM

If seasonal allergy symptoms make it hard to enjoy being outdoors, ask your doctor about Allegra. And be sure to join the Allegra Extras Program.

Use the reply card or call **1-800-398-0869** to sign up and get this high-quality cushion to use around the yard or at your favorite sporting event. As an Allegra Extras member you'll also receive:

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What's more, when your doctor prescribes Allegra, you may qualify for your choice of other offers and "extras" — including a rebate of up to $10 on your prescription.*

This allergy season, talk to your doctor about Allegra 180 mg. Taken once a day, Allegra 180 mg tablets relieve most seasonal allergy symptoms in people 12 and over. Side effects with Allegra 180 mg are low and may include headache, cold, or back pain.

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see additional important information on back.

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ALG-JA-1230-1

Brief Summary of Prescribing Information as of November 2000

ALLEGRA
(fexofenadine hydrochloride)
Capsules and Tablets

INDICATIONS AND USAGE
Seasonal Allergic Rhinitis
ALLEGRA is indicated for the relief of symptoms associated with seasonal allergic rhinitis in adults and children 6 years of age and older. Symptoms treated effectively were sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes.
Chronic Idiopathic Urticaria
ALLEGRA is indicated for treatment of uncomplicated skin manifestations of chronic idiopathic urticaria in adults and children 6 years of age and older. It significantly reduces pruritus and the number of wheals.

CONTRAINDICATIONS
ALLEGRA is contraindicated in patients with known hypersensitivity to any of its ingredients.

PRECAUTIONS
Drug Interaction with Erythromycin and Ketoconazole
Fexofenadine hydrochloride has been shown to exhibit minimal (ca. 5%) metabolism. However, co-administration of fexofenadine hydrochloride with ketoconazole and erythromycin led to increased plasma levels of fexofenadine hydrochloride. Fexofenadine hydrochloride had no effect on the pharmacokinetics of erythromycin and ketoconazole. In two separate studies, fexofenadine hydrochloride 120 mg twice daily (two times the recommended twice daily dose) was co-administered with erythromycin 500 mg every 8 hours or ketoconazole 400 mg once daily under steady-state conditions to normal, healthy volunteers (n=24, each study). No differences in adverse events or QT_c interval were observed when patients were administered fexofenadine hydrochloride alone or in combination with erythromycin or ketoconazole. The findings of these studies are summarized in the following table:

Effects on steady-state fexofenadine hydrochloride pharmacokinetics after 7 days of co-administration with fexofenadine hydrochloride 120 mg every 12 hours (two times the recommended twice daily dose) in normal volunteers (n=24)

Concomitant Drug	$C_{max SS}$ *(Peak plasma concentration)*	$AUC_{ss(0-12h)}$ *(Extent of systemic exposure)*
Erythromycin (500 mg every 8 hrs)	+82%	+109%
Ketoconazole (400 mg once daily)	+135%	+164%

The changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials.
The mechanism of these interactions has been evaluated in *in vitro*, *in situ*, and *in vivo* animal models. These studies indicate that ketoconazole or erythromycin co-administration enhances fexofenadine gastrointestinal absorption. *In vivo* animal studies also suggest that in addition to increasing absorption ketoconazole decreases fexofenadine hydrochloride gastrointestinal secretion, while erythromycin may also decrease biliary excretion.
Drug Interactions with Antacids
Administration of 120 mg of fexofenadine hydrochloride (2 x 60 mg capsule) within 15 minutes of an aluminum and magnesium containing antacid (Maalox®) decreased fexofenadine AUC by 41% and C_{max} by 43%. ALLEGRA should not be taken closely in time with aluminum and magnesium containing antacids.
Carcinogenesis, Mutagenesis, Impairment of Fertility
The carcinogenic potential and reproductive toxicity of fexofenadine hydrochloride were assessed using terfenadine studies with adequate fexofenadine hydrochloride exposure (based on plasma area-under-the-concentration vs. time [AUC] values). No evidence of carcinogenicity was observed in an 18-month study in mice and in a 24-month study in rats at oral doses up to 150 mg/kg of terfenadine (which led to fexofenadine exposures that were respectively approximately 3 and 5 times the exposure from the maximum recommended daily oral dose of fexofenadine hydrochloride in adults and children).
In *in vitro* (Bacterial Reverse Mutation, CHO/HGPRT Forward Mutation and Rat Lymphocyte Chromosomal Aberration assays) and *in vivo* (Mouse Bone Marrow Micronucleus assay) tests, fexofenadine hydrochloride revealed no evidence of mutagenicity.
In rat fertility studies, dose-related reductions in implants and increases in postimplantation losses were observed at an oral dose of 150 mg/kg of terfenadine (which led to fexofenadine hydrochloride exposures that were approximately 3 times the exposure of the maximum recommended daily oral dose of fexofenadine hydrochloride in adults).
Pregnancy
Teratogenic Effects: Category C. There was no evidence of teratogenicity in rats or rabbits at oral doses of terfenadine up to 300 mg/kg (which led to fexofenadine exposures that were approximately 4 and 31 times respectively the exposure from the maximum recommended daily oral dose of fexofenadine in adults). There are no adequate and well controlled studies in pregnant women. Fexofenadine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to an oral dose of 150 mg/kg of terfenadine (approximately 3 times the maximum recommended daily oral dose of fexofenadine hydrochloride in adults based on comparison of fexofenadine hydrochloride AUCs).
Nursing Mothers
There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing woman.
Pediatric Use
The recommended dose in patients 6 to 11 years of age is based on cross-study comparison of the pharmacokinetics of ALLEGRA in adults and pediatric patients and on the safety profile of fexofenadine hydrochloride in both adult and pediatric patients at doses equal to or higher than the recommended doses.
The safety of ALLEGRA tablets at a dose of 30 mg twice daily has been demonstrated in 438 pediatric patients 6 to 11 years of age in two placebo-controlled 2-week seasonal allergic rhinitis trials. The safety of ALLEGRA for the treatment of chronic idiopathic urticaria in patients 6 to 11 years of age is based on cross-study comparison of the pharmacokinetics of ALLEGRA in adult and pediatric patients and on the safety profile of fexofenadine in both adult and pediatric patients at doses equal to or higher than the recommended dose.
The effectiveness of ALLEGRA for the treatment of seasonal allergic rhinitis in patients 6 to 11 years of age was demonstrated in one trial (n=411), in which ALLEGRA tablets 30 mg twice daily significantly reduced total symptom scores compared to placebo. Using extrapolation of demonstrated efficacy in patients ages 12 years and above and the pharmacokinetic comparisons in adults and children. The effectiveness of ALLEGRA for the treatment of chronic idiopathic urticaria patients 6 to 11 years of age is based on [illegible] of the demonstrated efficacy of ALLEGRA in [illegible] and the likelihood that the disease course pathophysiology and therapeutic effect are substantially similar in children to that in adult patients.
The safety and effectiveness of ALLEGRA in pediatric patients under 6 years of age have not been established.
Geriatric Use
Clinical studies of ALLEGRA tablets and capsules did not include sufficient numbers of subjects aged 65 years and over to determine whether this population responds differently from younger patients. Other reported clinical experience has not identified differences in responses between the geriatric and younger patients. Fexofenadine is known to be substantially excreted by the kidney, and the risk of toxic reactions to this drug may be greater in patients with impaired renal function. Because elderly patients are more likely to have decreased renal function, care should be taken in dose selection, and may be useful to monitor renal function. [illegible] CLINICAL PHARMACOLOGY)

ADVERSE REACTIONS
Seasonal Allergic Rhinitis
Adults. In placebo-controlled seasonal allergic rhinitis clinical trials in patients 12 years of age and older, which included 2461 patients receiving fexofenadine hydrochloride capsules at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg capsules twice daily), and that were more common with fexofenadine hydrochloride than placebo, are listed in Table 1.
In a placebo-controlled clinical study in the United States, which included 570 patients aged 12 years and older receiving fexofenadine hydrochloride tablets at doses of 120 or 180 mg once daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. Table 1 also lists adverse experiences that were reported by greater than 2% of patients treated with fexofenadine hydrochloride tablets at doses of 180 mg once daily and that were more common with fexofenadine hydrochloride than placebo. The incidence of adverse events, including drowsiness, was not dose-related and was similar across subgroups defined by age, gender and race.

Table 1
Adverse experiences in patients ages 12 years and older reported in placebo-controlled seasonal allergic rhinitis clinical trials in the United States
Twice daily dosing with fexofenadine capsules at rates of greater than 1%

Adverse experience	*Fexofenadine 60 mg Twice Daily (n=679)*	*Placebo Twice Daily (n=671)*
Viral Infection (cold, flu)	2.5%	1.5%
Nausea	1.6%	1.5%
Dysmenorrhea	1.5%	0.3%
Drowsiness	1.3%	0.9%
Dyspepsia	1.3%	0.6%
Fatigue	1.3%	0.9%

Once daily dosing with fexofenadine hydrochloride tablets at rates of greater than 2%

Adverse experience	*Fexofenadine 180 mg once daily (n=283)*	*Placebo (n=293)*
Headache	10.6%	7.5%
Upper Respiratory Tract Infection	3.2%	3.1%
Back Pain	2.8%	1.4%

The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo-treated patients.
Pediatric. Table 2 lists adverse experiences in patients aged 6 to 11 years of age which were reported by greater than 2% of patients treated with fexofenadine hydrochloride tablets at a dose of 30 mg twice daily in placebo-controlled seasonal allergic rhinitis studies in the United States and Canada that were more common with fexofenadine hydrochloride than placebo.

Table 2
Adverse experiences reported in placebo-controlled seasonal allergic rhinitis studies in pediatric patients ages 6 to 11 in the United States and Canada at rates of greater than 2%

Adverse experience	*Fexofenadine 30 mg twice daily (n=209)*	*Placebo (n=229)*
Headache	7.2%	6.6%
Accidental Injury	2.9%	1.3%
Coughing	3.8%	1.3%
Fever	2.4%	0.9%
Pain	2.4%	0.4%
Otitis Media	2.4%	0.0%
Upper Respiratory Tract Infection	4.3%	1.7%

Chronic Idiopathic Urticaria
Adverse events reported by patients 12 years of age and older in placebo-controlled chronic idiopathic urticaria studies were similar to those reported in placebo-controlled seasonal allergic rhinitis studies. In placebo-controlled chronic idiopathic urticaria clinical trials, which included 726 patients 12 years of age and older receiving fexofenadine hydrochloride tablets at doses of 20 to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. Table 3 lists adverse experiences in patients aged 12 years and older which were reported by greater than 2% of patients treated with fexofenadine hydrochloride 60 mg tablets twice daily in controlled clinical studies in the United States and Canada and that were more common with fexofenadine hydrochloride than placebo. The safety of fexofenadine hydrochloride in the treatment of chronic idiopathic urticaria in pediatric patients 6 to 11 years of age is based on the safety profile of fexofenadine hydrochloride in adults and adolescent patients at doses equal to or higher than the recommended dose (see Pediatric Use).

Table 3
Adverse experiences reported in patients 12 years and older in placebo-controlled chronic idiopathic urticaria studies in the United States and Canada at rates of greater than 2%

Adverse experience	*Fexofenadine 60 mg twice daily (n=186)*	*Placebo (n=178)*
Back Pain	2.2%	1.1%
Sinusitis	2.2%	1.1%
Dizziness	2.2%	0.6%
Drowsiness	2.2%	0.0%

Events that have been reported during controlled clinical trials involving seasonal allergic rhinitis and chronic idiopathic urticaria patients with incidences less than 1% and similar to placebo and have been rarely reported during postmarketing surveillance include insomnia, nervousness, and sleep disorders or paroniria. In rare cases, rash, urticaria, pruritus and hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnea, flushing and systemic anaphylaxis have been reported.
OVERDOSAGE
Reports of fexofenadine hydrochloride overdose have been infrequent and contain limited information. However, dizziness, drowsiness, and dry mouth have been reported. Single doses of fexofenadine hydrochloride up to 800 mg (six normal volunteers at this dose level) and doses up to 690 mg twice daily for 1 month (three normal volunteers at this dose level) or 240 mg once daily for 1 year (24 normal volunteers at this dose level) were administered with [illegible] the development of clinically significant adverse events as compared to placebo.
In the event of overdose consider standard measures to remove any unabsorbed drug. Symptomatic and supportive treatment is recommended.
Hemodialysis did not effectively remove fexofenadine hydrochloride [illegible] removed) following terfenadine administration.
[illegible] is tolerated at oral doses of fexofenadine hydrochloride up to [illegible] mg/kg in mice (110 times the maximum recommended daily dose in adults and 200 times the maximum recommended daily dose in children based on mg/m²) and up to 5000 mg/kg in rats (1230 times the maximum recommended daily oral dose in adults and 400 times the maximum recommended daily dose in children based on mg/m²). Additionally no clinical [illegible] of gross pathological findings were observed. In [illegible] of toxicity was observed at oral doses up to 2000 mg/kg (300 times the maximum recommended daily oral dose in adults and 530 times the maximum recommended daily oral dose in children based on mg/m²).

Prescribing Information as of November 2000

Aventis Pharmaceuticals Inc.
Kansas City, MO 64137 USA
US Patents 4,254,129; 5,375,693; 5,578,610
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ALG-JA-1230-I

LITTLE HABITS THAT HEAL
Continued

2 HAVE A POSITIVE ATTITUDE

Common sense dictates that optimism is better for an ailing body than doom and gloom. However, achieving a positive outlook starts by accepting dark emotions. It's natural to feel angry and depressed when you're diagnosed with an illness, but "the worst strategy is to repress or deny these feelings. This only causes them to fester in the unconscious, where they can build and eventually lead to even more depression, anger and anxiety," says Larry Dossey, M.D., author of *Healing Words: The Power of Prayer and the Practice of Medicine* (Harper Paperbacks, 1993).

Numerous studies show that optimism boosts health. For example, researchers at Dartmouth Medical School in Hanover, New Hampshire, found that elderly cardiac surgery patients who had an outlook filled with positive spiritual meaning had significantly better survival rates than people who didn't. But, Dossey cautions, that doesn't mean denying the severity of your condition. "Optimism and positive thinking work best if combined with a realistic assessment of the situation," he says. "If honestly arrived at, they can be sustaining and empowering. But if based on denial, they are likely to fall apart when the going gets tough."

3 TELL YOUR DOCTOR THE TRUTH



"Be honest with me," says Marianne J. Legato, M.D., founder of the Partnership for Women's Health and professor of clinical medicine at Columbia University College of Physicians and Surgeons, in New York City. "Open, frank dialogue" is the hallmark of a good doctor-patient relationship, she adds. For instance, a patient whose treatment is most effective if she abstains from alcohol, but who continues to drink anyway, should tell that to her doctor. "I'm not the police. I'm not making a moral judgment," says Legato. "I guarantee that whatever 'embarrassing' symptoms you're hiding won't embarrass me."

Full disclosure is also important when it comes to the use of herbal remedies. Some can interfere with medical treatments, say Legato. For instance, studies show that certain botanicals—including ginkgo biloba and St. John's wort—must be discontinued two weeks before surgery because they can interfere with blood clotting and inter[illegible] anesthetics, respectively. Unfortunately, as many as 70 percent of patients fail to report their use of

(continued on page



OURNAL SHOPPING CENTER

shion Lesson, Page 32: Swatch; for informa-
n, call 800-879-2824. Timex; for store listings,
l 800-367-8463. Citizen; for stores, visit www.
zenwatch.com. Anne Klein II and Nine West; for
es, call 800-937-0500. Coach Studio; for infor-
ion, call 877-563-9865. DKNY Time; for infor-
tion, call 800-969-0900. Fossil; for stores, call
-969-0900. Ecclissi; for stores, call 800-358-
9. **American Style, Page 112:** Jacket; to order,
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5. **Page 113:** NY sweatshirt; to order, call 800-
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-460-4366. Necklace; to order, call 800-252-
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-4524. Top and belt; to order, call 800-423-6335.
s; for information, call 212-626-6100. Shoes; se-
Nordstrom and Dillard's nationwide. Earrings
cuff; for stores, call 800-433-2510. **Page 116:**
. for information, call 212-398-2622. Shoes; to
r, call 732-517-1227. **Page 117:** Dress; to or-
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s nationwide. Black Dog, $18.50; to order, call
626-1991. Bride, $13.95; FDNY, $14.95; NY
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How many calories do you burn during your normal daily activities? Do you know your body-fat percentage? SlimStep is being marketed as the complete personal fitness system that monitors your activities and provides you with weight-loss feedback in less than six seconds. By simply entering information such as age, height, weight, etc., SlimStep will measure your body-fat percentage, graph your body type and even compute your suggested calorie intake. It provides a target weight and plans a 30-, 60-, or 90-day weight loss/exercise course based on the results. The small 3" battery-operated SlimStep clips to your belt. SlimStep sells for $59.95, which includes shipping, handling and sales tax.

TO ORDER: Call 800-763-6393 (MasterCard, Visa, Discover Card, or American Express) or send your name, street address and a check to: LHJ Resources®, Dept. L0402 Box 9381, Des Moines, IA 50306-9381. For additional products, visit *www.lhjcatalog.com*.

Continued from page 70

alternative medicines to their physicians, according to the *Journal of the American Medical Association*.

At the same time, "Your doctor needs to be respectful of your choices, even if she doesn't believe in the use of alternative remedies," says Legato. If she isn't respectful—and she fails to convincingly explain why she is against those treatments—you might consider changing doctors.

Finally, during office visits, make sure your doctor addresses all of your concerns. The best way to do that is to "list your questions and present a copy to your doctor when you walk in, so that he or she can discuss them accordingly," says Darol Joseff. Ask whether your physician is willing to receive follow-up e-mails from you—to report symptoms, for example. Some doctors may prefer electronic communication, says Joseff, because both parties can store a hard copy of the dialogue.

4 REACH OUT TO YOUR FRIENDS

Researchers have proven that the support of loved ones can actually improve a patient's prognosis—and even help prevent illness in the first place. Married women and men were significantly more likely to report that they were in good health than single people, according to recent research. And in a study at Carnegie Mellon University in Pittsburgh, women and men who reported having broad social networks—family, neighbors, friends, workmates and members of religious and social groups—were less likely to develop colds than those who reported less diverse relationships.

Merrie Clarke credits her friends with helping her recover. "One friend, Deborah, acted as my clearinghouse for everyone who wanted to help," she says. That way, support was given when Clarke needed it, rather than all at once. "The worst times were after my chemo infusions, so Deborah organized an army to bring dinner every night for a week after each of these treatments," recalls Clarke. "She also saw to it that my boys were invited on play dates in the afternoons and were picked up from school, or that someone took my husband on a golf outing to get his mind off of things for a few hours."

The more active and diverse your social life is, the less likely you are to get sick, according to research



5 BE A GOOD PATIENT

Whether it's taking a full course of antibiotics or eating a low-fat diet, too many patients fail to do what their doctors prescribe. According to a recent Harris Interactive poll, 22 percent of respondents said they had not filled a prescription due to the cost of the medication. Thirty percent either took smaller doses of the drug or took it less often than instructed. The National Council on Patient Information and Education (NCPIE) calls such noncompliance a serious health problem.



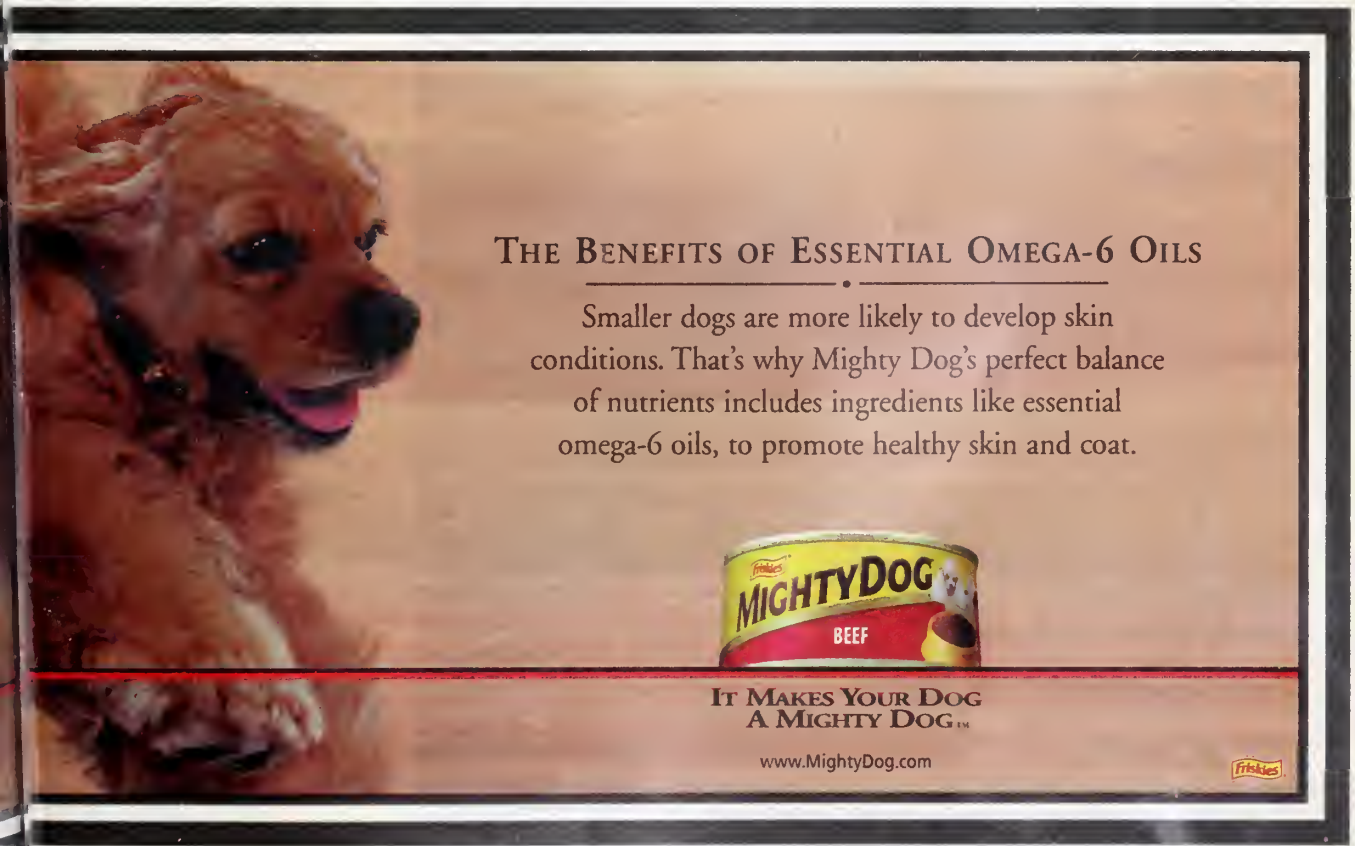
Studies show that too many patients fail to take their medication as directed

Often, patients stop taking their medicine because their symptoms disappear after a few days or because the drug causes side effects, says Jerry Avorn, M.D., associate professor of medicine at Harvard Medical School, in Cambridge, Massachusetts.

The NCPIE has an educational campaign to encourage doctors and patients to discuss all aspects of medication, including side effects (for more information, visit the NCPIE's Web site, *www.talkaboutrx.org*). "Doctors used to assume that whatever they prescribed was taken," says Avorn. "Now we counsel them to say, 'You're on a few medications. How are you doing with them?' which opens the door to problems patients are having."

An open dialogue between patient and doctor is also critical when dietary and other lifestyle changes are part of the prescription. Marianne Legato believes physicians shouldn't simply hand down a long list of orders that don't take the patient's life and preferences into account. For instance, a woman with heart disease might abandon all attempts at good health if she feels she's failed a too-stringent regimen. "If a patient doesn't like to exercise but enjoys dancing, I might suggest a dance class at a local church to keep her moving," says Legato. "The trick is to establish what she loves about her life, what can't be meddled with and what she's able to give up." ■

Diane di Costanzo has written for such publications as Marie Claire and Fitness.



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is no small matter

to me.



Sometimes it's good t
appreciate the little thing
in life. Especially if yo
live with diabetes. That
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Diabetes

FACTS & FIGURES*



What is diabetes?

Diabetes is a disease in which the body does not produce or properly use insulin.

Who has diabetes?

Nearly 16 million Americans have diabetes. About 700,000 Americans have type 1 diabetes. This means they do not produce any insulin of their own and must take daily insulin injections to lead active, healthy lives. 15.3 million Americans have type 2 diabetes. This means they do not make enough or do not properly use their own insulin. People with type 2 diabetes can sometimes control their diabetes with diet and exercise, but most often must use insulin injections or oral medications.

What are the symptoms of diabetes? Am I at risk?

Some symptoms of diabetes are frequent urination, unusual thirst, extreme hunger, unusual weight loss, blurred vision, slow healing cuts and bruises, tingling and numbness in the hands and feet, and fatigue. Risk factors for diabetes include being overweight and underactive and having a family history of the disease.

Source: American Diabetes Association, 2000.

ACCU-CHEK'S QUICK GUIDE TO DOSING

What is dosing?

It is important for people with diabetes to keep track of their blood sugar levels to make sure that they are not too high or too low. Dosing is the process in which you obtain a blood sample from your finger to apply to a test strip to test your blood sugar.

How can I make dosing easier and more comfortable?

Before testing: Substitute mild soap and warm water in place of rubbing alcohol as cleanser. Warm water will bring additional blood to your fingertips and mild soap is gentler, less drying and less stinging. Be sure to use an adjustable-dial lance device, such as the Accu-Chek® Softclix® Lancet Device, in order to control depth adjustment, and to maximize comfort try a new spot for pricking your fingers. The sides of your finger have fewer nerve endings, making the process less painful. (Considering each finger has two sides, that's 20 new spots!)

Apply lotion after testing – it will sooth your finger tips and help keep them soft.

Ask a diabetes educator, nurse or your doctor to watch you test. Often they have techniques and suggestions that can offer you more comfort.

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Do his hormones rule your life?



She says; he ignores: Can testosterone explain why he tunes out when you're talking?

Forget all those estrogen jokes. New research shows that it's men who may be at the mercy of their hormones

By Carol Lynn Mithers

They're the questions that every wife asks: Why doesn't he listen when I'm talking to him? Why does he yell at the TV when he's watching sports? And why would he rather get lost than ask for directions? To these mysteries, researchers are offering a simple new answer: The poor guy can't help it—hormones make him act that way.

This surprising finding is especially enlightening in these hypermasculine times: The war in Afghanistan, fought by U.S. Special Operation forces, is virtually an all-male effort. Combat movies like *Black Hawk Down* and male fantasy-adventure films such as *Lord of the Rings* pack theaters. And since September 11, our nation's new hero is a macho rescue worker. With testosterone running so high, what better time for a woman to find out how her husband's hormones affect her.

The lust hormone

The production of sex hormones—molecules that carry messages from one part of the body to another—begins in the womb. Fetuses carrying a "Y" chromosome start producing testosterone, and in response, a penis and testes develop. (It's less clear how a girl's body gets the signal to produce a uterus and ovaries.) This difference in the production of sex hormones causes changes that go well beyond the reproductive organs. Some experts believe that males develop brains that are larger, for instance, with structural differences from those of women. And testosterone (or T, as researchers call it) contributes to men's higher percentage of muscle mass and lower percentage of body fat than women have; it's also one of the reasons men have facial hair, deep voices and a tendency to gain weight around the middle.

Testosterone also is strongly linked to libido. Men's T levels rise when they have sex or simply think about sex. Testosterone peaks in adolescence—which *(continued)*



Treat a yeast* infection with just one pill instead of a messy cream?



Neat!

Diflucan
(fluconazole) 150 mg tablet

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Just one pill is as effective (70% clinical cure rate) as 7 days of Monistat® 7 (77%), without the mess.‡

l trials, the most common side effects associated with Diflucan were headache (13%), nausea (7%), and abdominal pain (6%). ucan, there is the possibility of an increased risk of side effects compared with creams. To prevent heart-related complications, do Diflucan if you are taking Propulsid®. In rare instances, serious effects on the liver and serious allergic reactions were reported. Do Diflucan if you are nursing. If you are pregnant or taking other medications, consult your doctor.

For more information, call 1-888-4-DIFLUCAN or visit our Web site at www.diflucan.com

nal yeast infections due to the yeast *Candida*.

ational Prescription Audit as of February 2001

dy comparing Diflucan tablet (150 mg) with miconazole intravaginally for 7 days in 342 women

onazole) is a registered trademark of McNeil-PPC, Inc. Propulsid (cisapride) is a registered trademark of Janssen Pharmaceutica Inc.

Please see important product information on adjacent page.

Pfizer

Diflucan
(fluconazole) 150 mg tablet
for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to Candida.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is *Candida*?

Most yeast infections are caused by a type of fungus called *Candida*. It is normal for the *Candida* yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to Candida.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, by mouth, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (3%, nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion (1%), dizziness (1%), and changes in the way food tastes (1%). Overall 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to *Candida* has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals

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explains a lot about teenage boys. A
as men's hormone levels decline w
age, so can their sex drive.

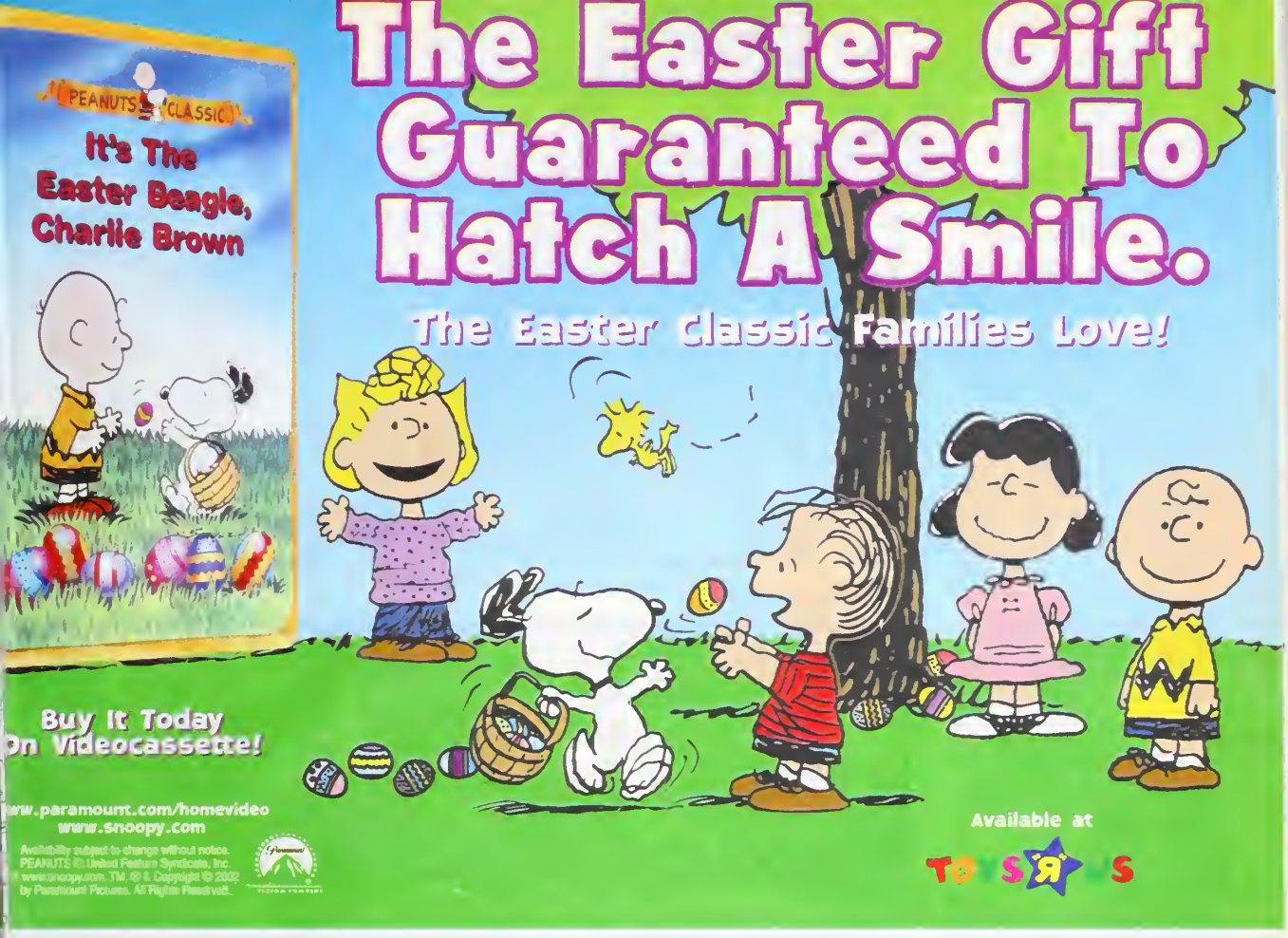
But testosterone isn't just for mer
it also revs up the female libi
Women produce the hormone, thou
at a tenth of the level men do. (Si
larly, men make estrogen.) In fac
1987 study of married couples fou
that it was the wife's testosterone le
that best predicted which coup
would have sex more frequently.

"Testosterone made me do it!"

Intriguing—and controversial—stud
suggest that sex hormones are not o
linked to body shape and libido but a
to thoughts, emotions and actions.
1995, for instance, researchers fo
that while women seemed to draw
both sides of their brains to read, rhy
or engage in verbal tasks, men u
only one. (This could explain things
those wives who complain their h
bands never give them their full att
tion.) In a study of men's and wome
brain scans conducted last year at I
ana University, in Bloomington,
searchers found evidence that the se
differ in how they process emoti
and engage in mathematical reasoni

The way in which the two sexes
dle stress may also have horm
roots. After analyzing a number of
ies, Shelley E. Taylor, Ph.D., a pr
sor of psychology at UCLA, concl
that the "fight or flight" response
used to describe our response to d
more accurately reflected a male
tion. Women responded to a threat
stress by reaching out to others fo
port—a strategy Taylor calls "ten
befriend." Why? Some research
gests that in difficult times, me
only produce stress hormones like
sol, but also testosterone, which
combativeness and action. Female
duce oxytocin, the same hormon
produces the feelings of calm and
ing associated with breast feeding

Testosterone may also be respo
for a number of other mysteries



avior, say researchers. James Bride Dabbs, Ph.D., professor of chology at Georgia State Universi- n Atlanta, and co-author with his :, writer Mary Dabbs, of *Heroes, ues and Lovers: Testosterone and avior* (McGraw-Hill, 2000), has sured the hormone in more than 0 men, women and children. "Its ts," he says, "are wide-ranging and asive." In fact, claims Dabbs, sterone is related to career choice, her a man will marry, have an af- or get divorced. (Not every expert es—Dabbs's sweeping claims have ndered controversy and criticism.)

one study, Dabbs tested the sterone level of more than 700 inmates at a maximum-security n over six years. Those who'd nitted violent crimes had higher s of the hormone than those who mitted nonviolent crimes. osterone gives you energy and an ," says Dabbs. "It nudges you away from the intellectual and toward the more active. And it promotes a tendency toward dominance." (Which might explain why men don't like to ask for directions: A man who admits he needs help isn't a man in charge.)

Some scientists speculate that exposure to the hormone can even affect sexual orientation. Marc Breedlove, Ph.D., professor of neuroscience at Michigan State University, in Lansing, measured the right hands of 720 people at three San Francisco, California, street fairs for an informal study in 2000. "Most women's ring and index fingers are the same length," says Breedlove, "while exposure to male hormones makes men's ring fingers noticeably longer." Breedlove found that women who identified themselves as lesbian had ring fingers that fit the "male" pattern. "Our interpretation is that while you can't say whether someone is gay on the basis of her finger length, lesbians as a group have had slightly more testosterone exposure in utero than straight women. The underlying message is that homosexuality may simply be a natural part of the human experience."

But testosterone is a tricky molecule. Men's baseline levels vary to begin with, and testosterone ebbs and flows in the course of a day. Levels are highest in the morning—which explains why men get romantic at the crack of dawn. T levels also rise and fall in response to the environment and specific events. What dampens T levels: marriage and fatherhood. Several studies have found that married men have lower testosterone rates than single ones, and that men experience declines when their wives give birth.

On the other hand, confrontation, threat or just plain competition triggers an increase in testosterone. T levels soar in the man who wins the showdown, while the loser's levels plummet. *(continued)*

(continued)

Our hormones, ourselves

So have we finally discovered that biologically men and women truly are separate beings? Experts say it's not that simple. While male and female brains may be different at birth, no one yet knows exactly what that means. And the fact that women are also influenced by testosterone undercuts the biology-is-destiny argument. "We've discovered that in female athletes, testosterone levels rise in anticipation of competition and even more at the time of the game, just as it does in males," says Alan Booth, Ph.D., professor of sociology and human development at Pennsylvania State University in State College.

Moreover, it's one thing to say that on average, testosterone influences behavior, but another to say that average applies to everyone, says Breedlove. "A study may show that a greater number of high testosterone men are unfaithful or get divorced," he notes. "But that doesn't mean I can predict if someone will be a good husband by measuring him."

"There are many men with high testosterone levels who don't get into trouble," agrees John Bancroft, M.D., director of the Kinsey Institute for Research in Sex, Gender and Reproduction, in Bloomington, Indiana. "The relationship between testosterone and aggression may be straightforward in some species, but not in humans."

Blaming everything on hormones also conveniently ignores the effect of environment. In a recent study of boys ages 6 to 18, "We found that those with high testosterone levels who had supportive parents rarely engaged in risk-taking behavior," says Alan Booth. "High T-level boys who had poor relationships with their parents did."

And then there's the enormous influence of our culture. "You can't separate nature from nurture," says Louise Freeman, Ph.D., professor of psychology at Mary Baldwin College, in Staunton, Virginia. "Biologically based differences lead to culturally based differences, which reinforce the biology. And until we have a utopian society in which children are raised free from all gender stereotypes, we'll never know which has more impact."

"We don't like to think we're at the mercy of our hormones," concludes James McBride Dabbs. "But that's not the way to think about it. Having sex hormones affects who we are, but it doesn't have to control us. Biology is where we begin. That doesn't mean it has to be where we end." ■

VENUS AND MARS AT THE MOVIES



SEX AND THE SILVER SCREEN: Men tend to be drawn to such high testosterone films as (from above left) *Black Hawk Down*, *Collateral Damage* and *Lord of the Rings*, while women are more likely to choose such chick flicks as (from below left) *Bridget Jones's Diary*, *Erin Brockovich* and *The Wedding Planner*



The estrogen advantage



Estrogen gives women breasts and soft, smooth skin. It's also responsible for our tendency to put on lower-body fat.

But intriguing new research suggests that when it comes to our health, estrogen does us a lot of good. It boosts the immune system, and some studies show that it stimulates the liver to produce HDL, or "good" cholesterol. Other research suggests that premenopausal women have a lower rate of heart disease than men because estrogen protects our blood vessels. The bad news: A study last year suggested that estrogen makes the brain more susceptible to addiction.

So far, there's been no research to show that estrogen affects behavior in the ways testosterone does. —*C.L.M.*

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LHJ02

She's got game

Walking, rowing, yoga, horseback riding—a day in the sporting life of the American woman

By Victoria Balfour

Today's soccer moms don't just chauffeur their kids to games and cheer from the sidelines; some of them are actually out on the field. Across the country, more women are taking up sports, from fast-pitch softball to super-slow weightlifting, and many have crossed over into traditionally all-male activities like wrestling and ice hockey. A stronger heart and tighter abs aren't the only benefits, of course; sports build confidence and provide a balance to demanding, often hectic lives. Here, an hour-by-hour look at the way women play.

Dancing with horses

7 A.M., Englewood, New Jersey

MARY NELSON, 30
SPORT: Horseback riding
OCCUPATION: Sales and marketing director
MARITAL STATUS: Married

HOW OFTEN SHE RIDES: Six days a week
PONY UP: "I had a pony as a kid but had to give it up at twelve, when my father retired. After college I started taking trail-riding lessons. Now I do dressage, a combination of ballet and figure skating on horseback. I own my horse, Kodiak, and compete."



BIG PAYOFF: "Dressage has taught me patience and made me more focused. Having this passion makes me happier. And I'm stronger. Kodi is big, and it takes a lot of stomach muscle to keep him from running off."
WORST EXPERIENCE: "Six years ago I fell when my horse bucked. I got a concussion and two stress fractures in my pelvis."
IN SYNC: "When you get the movements down, you have a mental and spiritual connection with your horse and feel completely at one with him. But like people, horses have their bad days. Kodi is a good boy, but he has quite a temper, and sometimes I have to just cross my fingers and hope we can work well together."

Sharp focus

8 A.M., Bishop, California

KATHY COSLEY, 45
SPORT: Rock climbing
OCCUPATION: Mountain guide business owner
MARITAL STATUS: Married, no children

HOW OFTEN SHE CLIMBS: 200 days a year
HOW SHE STARTED HER ASCENT: "I was twenty, and my boyfriend, who's now my husband, was in to it."
NO WORRIES: "Rock climbing is very demanding on the legs, arms and shoulders, and it's given me greater agility, balance and flexibility. It has helped me face new challenges with confidence. Your safety depends on total concentration, so all those worries in your head fly out the window."
BEST EXPERIENCE: "Climbing a spiky peak in Argentina called Cerro Torre. It took us nine attempts and two days, and we slept on a ledge the size of a card table."
WORST EXPERIENCE: "Climbing El Capitan in Yosemite National Park, in California, I misjudged the rock I was anchored to. When it started coming loose, I almost fell into the void."
WOMAN ON TOP: "I enjoy being close to nature. My favorite place is Red Rock Canyon near Las Vegas, where the colors go from coral pink to fire-engine red. The release of tension combined with a sense of accomplishment after a climb is exhilarating. I feel like the Queen of the World."



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photo based on actual clinical results after 8 weeks of use. Results vary. Beiersdorf Inc © 2002



Hitting her stride
9 A.M., Charlotte, North Carolina

LAURA AUSTIN, 32
SPORT: Running
OCCUPATION: Pharmaceutical salesperson
MARITAL STATUS: Single

HOW OFTEN SHE RUNS: Six to eight miles, four times a week. "I love running under the oak trees in the park."
CONFIDENCE BOOSTER: "My dad was a runner, and I took it up at twelve as a way of bonding with him. I started doing marathons at twenty-five, after my boyfriend broke up with me, to help gain back confidence."
GAINS AND LOSSES: "Running has made me more independent and taught me how to rely on myself, especially after I reached my goal of running the Boston Marathon in 2000. Also, I've gone from a high of one hundred forty-seven pounds to one hundred twenty-five pounds."
FOOTLOOSE AND CAREFREE: "The exhaustion that comes with running up a hill as fast as I can empties me of all my worries."



Making contact
2 P.M., Richmond, Virginia

JANICE JOHNSON, 45
SPORT: Kickboxing
OCCUPATION: Housewife
MARITAL STATUS: Married, no children

HOW OFTEN SHE PRACTICES: Six days a week for two hours. "I have my own little gym in the house."
ENDORPHIN HIGH: "I started karate lessons at eighteen and competed until I was thirty. I took up kickboxing two years ago because, unlike karate, you can hit your opponent hard—that's the whole rush. I'm a soft-spoken, low-key person, so kickboxing is my alter ego."
UPS AND DOWNS: "I'm always improving. One day I won't be able to block my instructor. The next day I can block, counter and deliver a kick to the head. I'm always coming home with bruises, and I've had broken toes and fingers, but that's par for the course."
BEST MOMENT: "Winning a gold medal in the 2001 World Amateur Kickboxing Championships in Vienna."
STRATEGY SESSION: "Most people think kickboxing is just two people fighting, but it's really like a chess game. You have to set up an attack as well as counter your opponent's move. To me it's as beautiful as ballet."

Fast and furious, 12:30 P.M., Austin, Texas

MARTI PRICE, 43
SPORT: Soccer
OCCUPATION: Stay-at-home mom
MARITAL STATUS: Married with three daughters, ages 13, 11 and 7

GAME PLAN: "I play with a bunch of guys from IBM Tuesdays and Thursdays at lunchtime—they're pick-up games, where you just show up and join in. I also play with a team in the Austin Women's Soccer League every Sunday."
WHAT STARTED HER KICKING: "I joined a team at twenty-six as an excuse to meet new people. Then I got hooked on the sport."
STEADY AS SHE GOES: "I used to have big mood swings. Soccer has evened out the highs and lows."
POWER MOVES: "It's a fast game that gives me an incredibly good workout. And I'm always learning from other people—I see a move I admire, I imprint it on my brain. I've become good at knowing when the ball is coming my way, and I've earned the respect of the people I play with."



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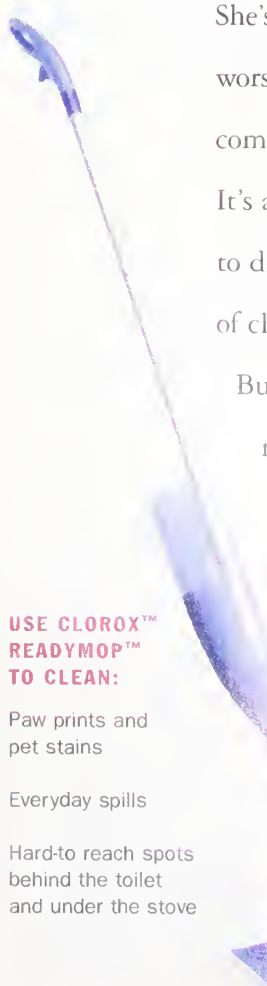
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When it's time to clean your floor just **squirt, mop and toss.**

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"I CAN COUNT THE NUMBER OF TIMES I've mopped my floors in the last year," says Verity Freebern, busy mom and co-founder of growgrowgrow.com, a new kids' clothing website. "I've even thought of hiring a cleaning person just to do the floors." She's not alone. Researchers say as far as worst cleaning jobs, floor cleaning generally comes in below cleaning the bathroom. It's a hassle. You have to wait for the floor to dry. And after that, there's still the job of cleaning the bucket and rinsing the mop.

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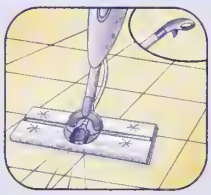


USE CLOROX™ READYMOP™ TO CLEAN:

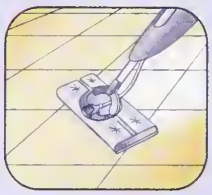
Paw prints and pet stains

Everyday spills

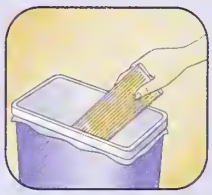
Hard-to reach spots behind the toilet and under the stove



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Company *Versus store produce bag after 25 days in refrigerator. Results may vary.



Oars away, 4 P.M., Philadelphia

LIESEL HUD, 45
SPORT: Rowing
OCCUPATION: Biochemist
MARITAL STATUS: Married with two sons, ages 6 and 4

HOW OFTEN SHE ROWS: Six miles, three times a week for an hour.
TALENT STREAK: "I was twenty-two and looking for a competitive sport when a friend suggested rowing. I wasn't eager to try it because I thought I'd get big, bulky muscles. But she took me to the Schuylkill River in Philadelphia, explained the movements and set me on my way. I was a mile and a half downriver when she caught up with me and told me I was a natural."
BEST MOMENT: "Winning my first major competition in 1982, in Indianapolis. In 1985 and 1986, I made the U.S. women's rowing team."
WHAT SHE LOVES MOST: "The rhythmical, soothing motion, and the fact that it's so peaceful. I love to look at the cherry blossoms in the spring and count the turtles, herons and fish jumping out of the water."
HOW SHE'S CHANGED: "It's given me amazing endurance—I've even done running and cross-country biking. And it's helped me lose all the weight I gained with pregnancy."
ULTIMATE GOAL: "I coach rowing to teenage girls, and I like to help give them the discipline and ability to believe in themselves that rowing gives me."



Pacesetter, 6:30 P.M., Decatur, Georgia

ANNA PEDONE, 34
SPORT: Walking
OCCUPATION: Project manager for a conservation fund
MARITAL STATUS: Married with a son, age 18 months



HOW OFTEN SHE WALKS: Three miles, four nights a week
FAMILY AFFAIR: "I used to run, but my husband has a bad back, so we were always exercising separately. Five years ago we started walking as a way to be together. Now we put the baby in a jogging stroller and bring him, too."
QUALITY TIME: "Walking really puts us in touch with the outdoors. And unlike running, you can actually carry on a conversation together. It's a time for us to reconnect."
HOW ABOUT THAT VIEW? "One of my passions is photography, so instead of driving to explore new places, I take my camera and walk. It's a great way to expand your horizons."

Strike the pose, 7 P.M., New York City

VALDA WITT, 37
SPORT: Yoga
OCCUPATION: Stay-at-home mom
MARITAL STATUS: Married with a daughter, age 2, and a son, 7 months

HOW OFTEN SHE PRACTICES: At-home lessons, twice a week
WHAT A RELIEF: "When I was pregnant with my second child, I was tired and nauseous even into my second trimester. I had been swimming, but the smell of chlorine made me sick. I took up yoga as a way to maintain control of my body without the physical stress of something like aerobics. And I wanted the peace it brings."
NO LIMITS: "I like yoga because it's infinite, and you're always advancing—unlike aerobics, where once you get the moves down that's pretty much it. And I get to do things I never could before. I never thought I'd be doing headstands, for example. I didn't want to do them when I was seven."
SERENITY NOW: "With two small children, I can't wait for my lessons. Afterward, I feel so centered. It clears my head, and I'm ready to go back into the onslaught of my house. I want to do it forever. I'm totally addicted."
BEST EXPERIENCE: "Seeing my two-year-old daughter bend over and do a Downward Facing Dog." ■


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Siberian Ginseng
ENERGIZE NATURALLY
100 CAPSULES
HERBAL SUPPLEMENT
E 400
100 SOFTGELS
Sundown
Dedicated To Your Good Health

My secret garden

Right now, it's only a place I dream about—a patch to tend, and feel tended by

By Patti Davis



A garden like my parents'—filled with all types of plants and fruit trees—comforts me

I dreamed of a garden last night—not one I've tended before, but clearly the one I long for. It might be because I looked at a house yesterday, one I'd love but can't yet afford. It had a yard that had been sadly neglected, and I imagined how I could transform it into a small green sanctuary.

For now, I live by the ocean with no real garden to speak of, just numerous potted plants on the deck and front landing—so many that I'm frequently stubbing my toes on them. But they don't really satisfy my need to grow things. I long for the smell of soil, for earthworms, for seasonal projects like replanting flower beds.

I grew up around land and plants, but not really around gardens. At the Pacific Palisades house that my parents, Ronald and Nancy Reagan, owned for 30 years, we had a backyard of grass and potted geraniums. Rosebushes lined the driveway, and a small cluster of flowers bloomed beneath a tree by the swimming pool. Yet there was no lovingly tended and landscaped oasis where one felt removed from the world.

Our ranch, where we went on weekends, comprised 365 acres, and my father left the land alone as much as possible. He fenced just enough pastures to keep the horses from leaving home, and cleared only narrow trails across hills and fields so horse and rider could meander. I learned from him a deep appreciation for the harmony of nature. And my mother taught me to treasure nature's beauty. She'd bring armfuls of wild lilacs back from the ranch and arrange them in vases with the roses she had clipped from the bushes along our driveway.

The garden that my parents have now is more actively cultivated; walking through it is like traveling through different geographic regions, some dense and shady, some washed with sunlight. On one side, past the landscaped areas, past the pruned and weeded flower beds, there is a deeply shaded ravine—lush and wild, the kind of place I'd have gone as a child in search of hiding places. The garden is partly inherited from the previous owners and partly created and arranged by my mother, which is, I think, what gardens should be: a melding of past and present, a painting with many artists lending their hands. We leave remnants of ourselves in the homes we have inhabited, but also in the vines and plants that endure long after we have moved on. *(continued)*

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MY SECRET GARDEN
Continued

Unearthing a passion

I was 22 when I inherited my first garden. I was living with a boyfriend who, while we were together, bought a canyon house from friends who had decided to relocate. The house was perched on a steep hillside. The garden, like the house, had been a labor of love. Our friends had taken rugged, rock-strewn land and carved pathways and terraces for vegetables. They'd bordered the paths with hardy herbs like rosemary, thyme, parsley, santolina and flowers—candytufts, lobelias, daylilies, irises. There was always something in bloom. In the shadiest corner, sword ferns stood guard over a tiny field of baby tears that trickled over a rock ledge.

The garden came complete with a carefully drawn and labeled map of every plant, bush and tree. The problem was, I knew nothing about gardening. Before moving in with my boyfriend, I'd lived in a rather bleak apartment and had killed my only houseplant. I remember looking out at the garden with terror, certain that I would promptly slaughter everything. So I pored through the gardening books our friends had left.

Day after day in those first uncertain months of living in our new home, I carried out to the garden the map that my green-thumbed friend had drawn. I studied each plant; I learned the scientific principles of the compost heap at the far end of the property. I was like a new mother, anxious to do everything right, terrified that I wouldn't. I was learning a whole new language: annuals, perennials, mulching.

After a while, my map became smudged with dirt and soft and wilted in the creases from being stuffed into the pocket of my jeans. Finally, one summer day, I left it inside.

"What are we going to plant in the [illegible]races?" my boyfriend asked me. The blank patches of soil had been waiting for me to bring them to life.

"Summer crops," I answered him, bravely and proudly.

Tomatoes went into one terrac zucchini in another, peppers in a thi I hauled around wheelbarrows full compost and worked it into the so Beyond what I had learned from dog-eared books, I found that I had instinct for gardening.

Seeds of self-discovery

I discovered something else in that g den: myself. Or, more accurately, self I wanted to be. In my 20s, I w volatile, emotional, impatient. I w deeply in love with my boyfriend, unable to navigate the sometim tricky currents of our relationship was estranged from my family. But all the messiness of my life, going into the garden transformed me. tiently, gently, I tended it. Hours wo drift by as I pulled weeds or rigged netting around tomato plants so birds couldn't steal the ripest fruit.

Until then I had never accepted a thing calmly. But in the garden it w different. One night, a family of r coons trampled the white petuni I replaced them with purple on When the raccoons moved on to marigolds, I responded with Zen-l calm, to the amazement of my b friend, who undoubtedly wonde why I couldn't bring the same sere to our relationship.

In the garden I accepted failures: carrots that refused to grow any bi than a child's fingers, the corn didn't grow at all. In my life, fail sent me spiraling down. But in refuge of my garden, I just shrugge the mishaps and planted something

Other gardens have followed first one, and each one I have te has in turn tended and nourished My history with gardens is so twined with the history of my lif as if their root systems have silently communicating.

At the moment, I only dream a garden. But I know that event there will be another piece of la maybe an untamed, cluttered pa that will soothe me and teach m its green magic. ■

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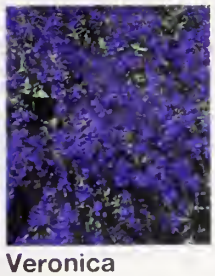
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This year, display the spirit of freedom with these two red, white and blue gardens created for LHJ by Prairie Perennials. The LHJ Perennial Garden contains two of each of the following plants: unique red lobelias and monardas (which can grow to 36"), pure white Physostegias and Platycodons (grow to 24"), and blue delphiniums and veronicas (12" and 18"). The LHJ Perennial Garden grows best in about six hours of daily sun. The 12 plants sell for $85.95. The LHJ RWB Container Garden is a special mix of two of each of Babylon® verbena red, Babylon® verbena white and Supertunia® royal velvet (4" to 8" tall at shipping). These six Proven Winners™ sell for $47.95. Both gardens will ship at best time of planting for your zone and will include plans and growing instructions.





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SPECIAL ISSUE

The best of America



AMERICAN CHIC
Style in 10 easy pieces

"In the new code of laws . . . I desire you would remember the ladies . . . ."—*Abigail Adams, writing to John Adams as he prepared to work on the Declaration of Independence in 1776*

What with all the flag-waving and testosterone-driven heroics of recent months, it's been easy to forget the many ways women make America great. So in this issue, we decided to celebrate the unique and irreplaceable spirit women bring to the very fabric of the U.S.A.

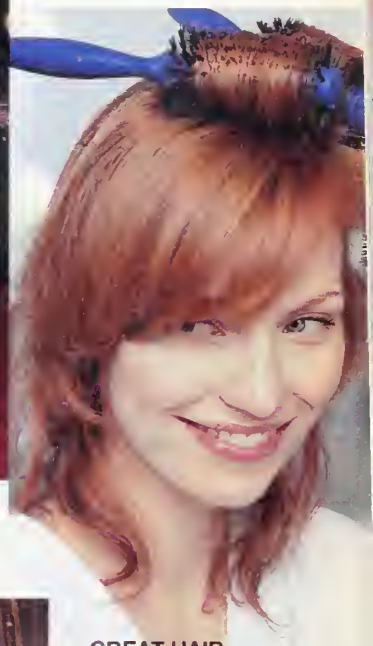


BEST TOWNS FOR FAMILIES
How does your city rate?

Since staying strong is so important, we've given you the very best doctors for women, coast to coast. Raising your family right is just as critical; check out the best cities in America to see how your town fares. Looking great—with that easy American style—is important, too: We've brought you more hair solutions than we can count, and the best classic fashions. We dug up 14 things even you didn't know about America's reigning sweetheart, Julia Roberts. Finally, we celebrate the traits that make American women special, and yes, Abigail, unforgettable.



JULIA ROBERTS
How a small-town girl made good



GREAT HAIR
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AMERICAN WOMEN
Five traits that make us strong



BEST DOCTORS
For women, from coast to coast

SPECIAL REPORT







The best cities

What's the healthiest town in the nation? The best for jobs? Finding a mate? For the fifth year, we ran the numbers. Did your town make the map?

Produced by Margot Gilman

Beyond succulent seafood and picturesque harbors, the waterfront cities of Virginia Beach, Boston and Honolulu now share another distinction: They all make a starring appearance (in first, second and third places, respectively) on our yearly list of America's Ten Best Cities for Women.

They're also sizable, reflecting a refinement we made in this, our fifth annual survey of the country's 200 largest towns. Recognizing that big and small cities differ widely in the severity of their crime and traffic headaches, their cultural riches and financial resources, we decided it would be more accurate and useful to pick overall winners in two classes this year. For 2002, you'll see a list of 10 heavyweight champs with populations over 300,000, and another honor roll of 10 smaller winners with populations under 300,000. (On charts for single categories on the following five pages, we ranked the best and worst, regardless of size. And we've profiled the top five cities on each list.)

As always, we compared our towns according to the qualities that women say they value most. Once again, with the help of the trend trackers at Fast Forward, a demographic consulting firm in Portland, Oregon, we looked at crime rates, educational achievements, child-care quality and the presence of women in local government, plus a potpourri of lifestyle factors that can stress or soothe daily existence, from











for women 2002

commuting times and divorce rates to the probability of bad hair days based on weather conditions. We expanded the data in our health-care coverage, considering how likely locals were to get a dental checkup, develop asthma, contract a cold, or suffer from high blood pressure or high cholesterol levels.

We also altered our calculations to acknowledge today's tough new realities. With the national economy struggling to emerge from recession, we gave extra emphasis to the availability of well-paying jobs and business opportunities for women.

Finally, we created an important new yardstick to measure hometown security. Since the terrorist attacks of September 11, many city governments have confronted the need to better protect their citizens during dire emergencies, and we applaud their preparedness.

Our Champion Cities for 2002 come from all regions of the U.S. And while smaller cities racked up more perfect scores in everything from child care to jobs, bigger places did well, too, scoring high for lifestyle, government and security.

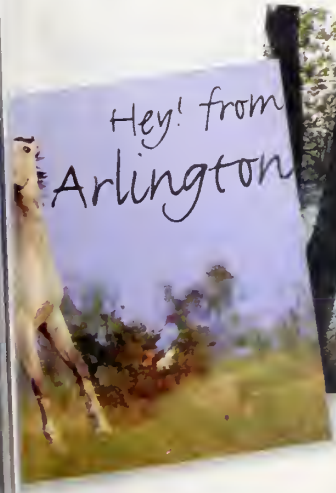
What makes a city livable depends, of course, on the needs of any given woman at any given time. For many of us in the closing days of 2001, what counted most were the consolations of those we knew and loved—our families, friends and neighbors. When the world explodes around you, there really is no place like home. Watching New Yorkers rally to their flawed-but-magnificent city, perhaps we came to cherish our own communities even more, whatever their shortcomings might be. —*Lynn Langway*

TOP 10 BIG CITIES
(more than 300K people)

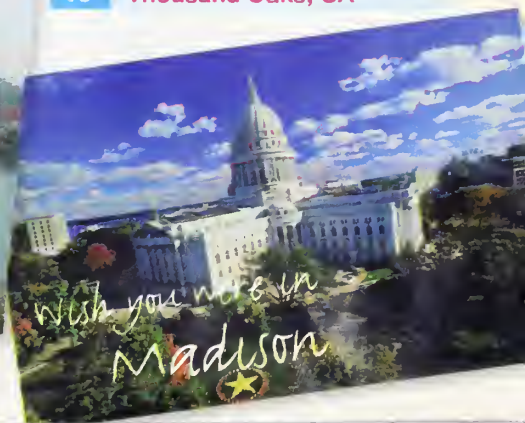
1	Virginia Beach, VA
2	Boston, MA
3	Honolulu, HI
4	Austin, TX
5	Arlington, TX
6	Anaheim, CA
7	Minneapolis, MN
8	Colorado Springs, CO
9	San Diego, CA
10	Omaha, NE

TOP 10 SMALL CITIES
(fewer than 300K people)

1	Madison, WI
2	Alexandria, VA
3	Ann Arbor, MI
4	Stamford, CT
5	Irvine, CA
6	Burlington, VT
7	Huntington Beach, CA
8	Santa Clarita, CA
9	Plano, TX
10	Thousand Oaks, CA







SPECIAL REPORT

Virginia Beach: number-



VIRGINIA BEACH, VA *Virginia Beach is a well-rounded gold medalist, with a top score for security, plus high grades for crime, economy and government. The booming Navy town also ranks in the top quarter for exercise, general health and abundant bachelors. And it's the least stressful big city in the U.S.*
Point of Pride: *Hometown to Rudy Boesch, the crusty-but-cute Navy Seal from the first "Survivor."*

You probably think of Virginia Beach, Virginia, as a boardwalk town crammed with tasteless T-shirt shops and enough bars to keep the spring-break crowds happy. But don't be fooled: If you peel away the relatively tiny downtown strip, what's left is a thriving, family-friendly community that's diverse, welcoming and, in spots, take-your-breath-away gorgeous. Virginia's largest city is full of winding roads that give way to unexpected water views—a marsh here, a river there, sudden glimpses of the Chesapeake Bay.



My fact-finding mission was to try our number-one city on for size. I brought my New York kids along for the inspection tour. (For a while, Virginia Beach and Boston were teetering neck and neck in the rankings; I was secretly hoping for Beantown to win.) Almost from the first, it's clear that Virginia Beach is an easy place to be a newcomer. Churches post signs welcoming all. The school system, the state's biggest, runs a well-organized Web site and outreach program to settle out-of-towners quickly. And housing in the area is abundant—from tidy condos to beachfront mansions.

Our first step in exploring the city:

The best cities for ...

The Top 10 lists change as we focus on individual categories. Each one is based on a number of measures—in health, for instance, we looked at behavior (smoking, exercising, getting Pap smears) as well as at health-care accessibility and disease incidence.

Low crime
1. Stamford, CT
2. Sterling Heights, MI
3. Sunnyvale, CA
4. Huntington Beach, CA
5. Orange, CA
6. Fremont, CA
7. Irvine, CA
8. Fullerton, CA
9. Thousand Oaks, CA
10. Santa Clarita, CA

Health
1. Birmingham, AL
2. Tucson, AZ
3. Baton Rouge, LA
4. Scottsdale, AZ
5. Salt Lake City, UT
6. Tempe, AZ
7. Macon, GA
8. Columbia, SC
9. Brownsville, TX
10. Phoenix, AZ

Education
1. Alexandria, VA
2. Yonkers, NY
3. Madison, WI
4. Stamford, CT
5. Ann Arbor, MI
6. Washington, DC
7. Boston, MA
8. Burlington, VT
9. Overland Park, KS
10. Durham, NC

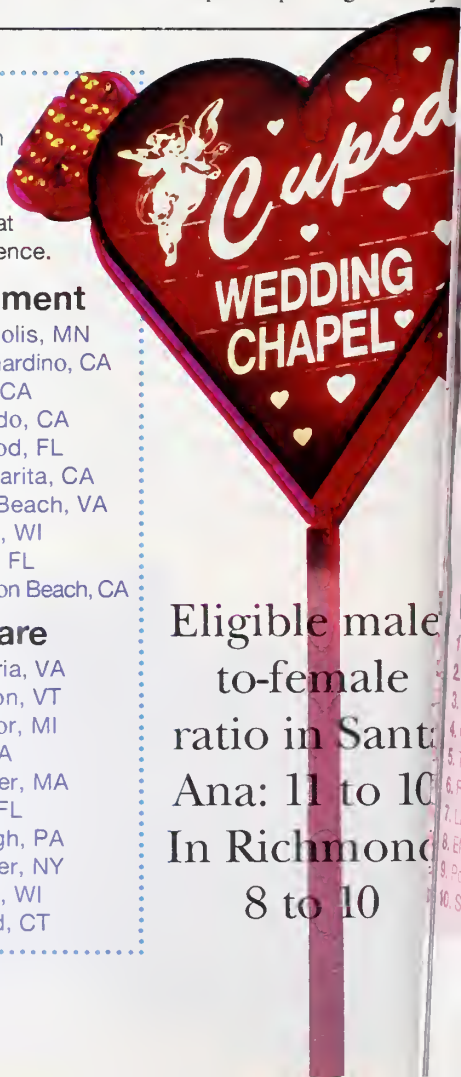
Government
1. Minneapolis, MN
2. San Bernardino, CA
3. Salinas, CA
4. Escondido, CA
5. Hollywood, FL
6. Santa Clarita, CA
7. Virginia Beach, VA
8. Madison, WI
9. Orlando, FL
10. Huntington Beach, CA

Economy
1. Madison, WI
2. Sioux Falls, SD
3. Fargo, ND
4. Irvine, CA
5. Overland Park, KS
6. Independence, MO
7. Plano, TX
8. Mesquite, TX
9. Garland, TX
10. Burlington, VT

Jobs
1. Burlington, VT
2. Portland, ME
3. Visalia, CA
4. Providence, RI
5. Salem, OR
6. Riverside, CA
7. Virginia Beach, CA
8. Springfield, MA
9. Moreno Valley, CA
10. Sioux Falls, SD

Lifestyle
1. Abilene, TX
2. Fargo, ND
3. Plano, TX
4. Yonkers, NY
5. Chesapeake, VA
6. El Monte, CA
7. Alexandria, VA
8. Santa Ana, CA
9. Boston, MA
10. Hampton, VA

Child care
1. Alexandria, VA
2. Burlington, VT
3. Ann Arbor, MI
4. Irvine, CA
5. Worcester, MA
6. Tampa, FL
7. Pittsburgh, PA
8. Rochester, NY
9. Madison, WI
10. Hartford, CT



Eligible male-to-female ratio in Santa Ana: 11 to 10. In Richmond, 8 to 10

one for families

to check out a place to live, as if we were really moving here. We settle on sizing up homes in the $225,000 range—a major-city midpoint. Back home in Queens, New York, the pickings would have been slim—here, I'm given 126 listings that have my required three bedrooms, two baths. My favorite: a brand-new house, sided with yellow clapboard and set in a grove of pine trees, across the street from a playground and a few blocks from the ocean. The kids race around the backyard, their feet cushioned by the ever-present pine needles that blanket the city.



Next, we stop and watch a soccer team practice at a middle school with sprawling grounds, catch a budget matinee at a multiplex and count every fast-food joint we see. "Yup," says my 10-year-old daughter. "I could live here."

If my kids live for burgers, I set my compass by malls and supermarkets. We find the biggest mall, which has everything the malls back home have and two things they don't—manageable crowds and enough parking. Next, we head into a Food Lion—entire Manhattan neighborhoods could fit in the frozen-food aisle. We have trouble locating plastic spoons for our yogurt. Not one, but *two* stockboys come to our aid. "You should move down here," the checkout guy, a transplant from Michigan, tells us. "The people are so friendly."



But Virginia Beach's magic, of course, isn't in its malls, supermarkets, schools or housing. It's what tempts all those kids on spring break: 28 miles of wide, ocean beaches. Large swaths of coastline are protected, not only from development and boom boxes, but also from motor vehicles. A sign even warns us not to feed the wild horses or the deer.

As we pull away, my son entrusts me with the two sand dollars he's found, and I understand why European explorers came to Virginia long before chilly Massachusetts. And I think, Who needs Boston?

—Sarah Mahoney

Male call

Maybe it's time for a new wave of songs about all those California boys. When we checked out cities where single men over age 18 outnumber single women, we discovered that 14 of the 20 biggest bachelorvilles were in the Golden State. That's a major shift from the last time we looked five years ago, when military meccas like Norfolk and Virginia Beach, Virginia, ruled. We saw some repeaters—such as Anchorage, Alaska, and Las Vegas—but lots of new man magnets. Cautionary note: Since the tech boom has now busted in several of these hot spots, you might want to hold off the moving vans.

Big bachelorvilles

1. Santa Ana, CA
2. Anchorage, AK
3. Reno, NV
4. Oxnard, CA
5. Tempe, AZ
6. Fort Lauderdale, FL
7. Las Vegas, NV
8. El Monte, CA
9. Pomona, CA
10. San Jose, CA

Dating duds

191. New Orleans, LA
192. Louisville, KY
193. Winston-Salem, NC
194. Chattanooga, TN
195. St. Louis, MO
196. Shreveport, LA
197. Birmingham, AL
198. Charleston, WV
199. Macon, GA
200. Richmond, VA



MADISON, WI *Called "Mad City" by some despite its next-to-last-place stress-index finish. Why worry, when Madison boasts a top economy, plus enviable scores in child care and education?* ***Notable quote:*** *A top Republican once described the super-liberal town as "sixty-seven square miles surrounded by reality."*



ALEXANDRIA, VA *Perched across the Potomac from Washington, D.C., this historic town enjoys all the District's cultural advantages with few of its hassles. Alexandria ranks at the top of our class in education, child care, job growth and lifestyle—and inhabitants report the fewest colds per capita in the U.S.* ***Unofficial motto:*** *"The Fun Side of the Potomac."*

SPECIAL REPORT

Help wanted

When it comes to the job market, Middle America is going to extremes. Four Midwestern cities boast the best employment levels in the country—but four others endure some of the worst jobless rates.

Otherwise, the pain of hard times is widely shared around the U.S. Not so for future job growth, where the Sunbelt shines bright: Eight of the boomtowns are in Texas, Florida, Arizona and California.

Highest employment rates*

1. Fargo, ND
2. Madison, WI
3. Sioux Falls, SD
4. Ann Arbor, MI
5. Irvine, CA
6. Huntington Beach, CA
7. Lubbock, TX
8. Portland, ME
9. Stamford, CT
10. Santa Clarita, CA

Lowest employment rates

191. Rochester, NY
192. Fresno, CA
193. Rockford, IL
194. Paterson, NJ
195. Miami, FL
196. Cleveland, OH
197. Detroit, MI
198. Gary, IN
199. Newark, NJ
200. Brownsville, TX

Best job growth

1. Boise, ID
2. Dallas, TX
3. Plano, TX
4. Tucson, AZ
5. St. Petersburg, FL
6. Irving, TX
7. Alexandria, VA
8. Tampa, FL
9. Garland, TX
10. Oakland, CA

Worst job growth

191. Tacoma, WA
192. Savannah, GA
193. New York, NY
194. New Haven, CT
195. Bridgeport, CT
196. Evansville, IN
197. Spokane, WA
198. Peoria, IL
199. Stamford, CT
200. Billings, MT

*ALL DATA FROM BUREAU OF LABOR STATISTICS FOR OCTOBER 2001



HONOLULU, HI *No need to call Hawaii 5-O, Magnum P.I. or a "Baywatch" lifeguard—this tropical metropolis has crime rates under control. Honolulu also scores high on healthy habits, and has one of the lowest ratios of fast-food outlets per capita.*
Local Luminaries: *Bette Midler, Don Ho, Kelly Preston and John Travolta*



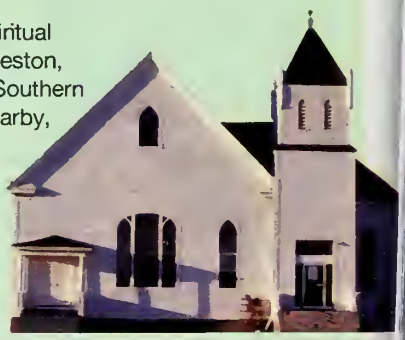
BOSTON, MA *Beantown boasts the best big-city scores for jobs (85th percentile) and lifestyle (81st), buoyed by world-class culture and the country's fourth-lowest divorce rate.* ***Never mind the tea party, bring on the green beer:*** *Boston claims to have inflicted the first St. Patrick's Day celebration on the U.S. in 1737.*

ANN ARBOR, MI *Less than an hour from Detroit, this university town earns high grades in several categories, including child care, economy, health, crime and education. Ann Arborites are also fiercely fit, with leading scores for exercise, low cholesterol and dental checkups.* ***Singular sight:*** *The Naked Mile, a spring race in which runners shed their clothes.*



SPIRITUAL CENTERS

Many of us hunger for spiritual solace. The folks of Charleston, West Virginia, and other Southern cities can find comfort nearby, in numerous houses of worship. Those in towns with fewer sanctuaries per capita—such as Las Vegas—may have to seek more devoutly to find a place to pray.



Soulful cities

1. Charleston, WV
2. Abilene, TX
3. Salt Lake City, UT
4. Birmingham, AL
5. Huntsville, AL
6. Knoxville, TN
7. Chattanooga, TN
8. Springfield, MO
9. Sioux Falls, SD
10. Kansas City, KS

Secular spots

191. Garden Grove, CA
192. Huntington Beach, CA
193. Orange, CA
194. Fullerton, CA
195. Irvine, CA
196. Virginia Beach, VA
197. Las Vegas, NV
198. Fort Lauderdale, FL
199. Hollywood, FL
200. Richmond, VA


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SPECIAL REPORT

Elastic Waistlands

Blame it on the bratwursts or barbecue. Whatever the cause, there's a stretch of the U.S. midsection where overindulgence—in fatty foods, smoking and other bad behavior—seems to be, well, widespread. Weighing these and other unfit factors—high body-mass index scores, elevated cholesterol, lots of sunburns—we mapped a risky region that runs roughly in cruller shape from Milwaukee to Lubbock. At the other end of the scale, the most health-conscious among us are clustered in Arizona.

Tsk-tsk towns

1. Peoria, IL
2. Springfield, MO
3. Charleston, WV
4. Lubbock, TX
5. Evansville, IN
6. Kansas City, MO
7. Milwaukee, WI
8. Independence, MO
9. Gary, IN
10. Amarillo, TX

Virtue-villes

191. Mesa, AZ
192. Phoenix, AZ
193. Scottsdale, AZ
194. Tempe, AZ
195. Honolulu, HI
196. Alexandria, VA
197. Tucson, AZ
198. Concord, CA
199. Yonkers, NY
200. Salinas, CA



STAMFORD, CT *Small wonder Stamford shines in our lifestyle category, with its well-heeled residents and splendid coastal location. But it also wins high grades for crime, antiterrorism, economy and education—and makes the Beauty Index Top 10.*
***Wallet watch**: At $109,800, the area had the nation's highest median family income in 2001.*



AUSTIN, TX *If we gave points for hipness, this techie, artsy, bluesy hot spot in the Texas hills would top our charts. As is, the state capital and university town scores high in child care and education—but also in stress.*
***Best bumper sticker:** "Keep Austin Weird."*

IRVINE, CA *When the local airport is named for John Wayne, you'd expect a town to be serious about crime-busting, and Irvine scores high in that category. Irvine also rates high in child care and economy, and reports the smallest percentage of smokers.*
***Official vegetable:** Asparagus (Town Web site also lists an Official Insect.)*



Hometown security

The White House established an Office of Homeland Security last fall in response to terrorist attacks and anthrax threats. But what have our own hometowns done to protect us?

To find out, we asked three questions of city officials. First, we wanted to know whether the city had a terrorism response or prevention plan, or was preparing one. Next, we asked if officials offered antiterrorism training, and finally, what steps their cities had taken since September 11, from hiring more police and firefighters to updating communications equipment. Our survey turned up an honor roll of 13 cities that are the best prepared. But five cities, we found, haven't done much at all.

The hometown security honor roll
(in alphabetical order)

11. Orlando, FL
12. Stamford, CT
13. Virginia Beach, VA

Bottom of the class
(by descending rank)

BEAUTY SPOTS

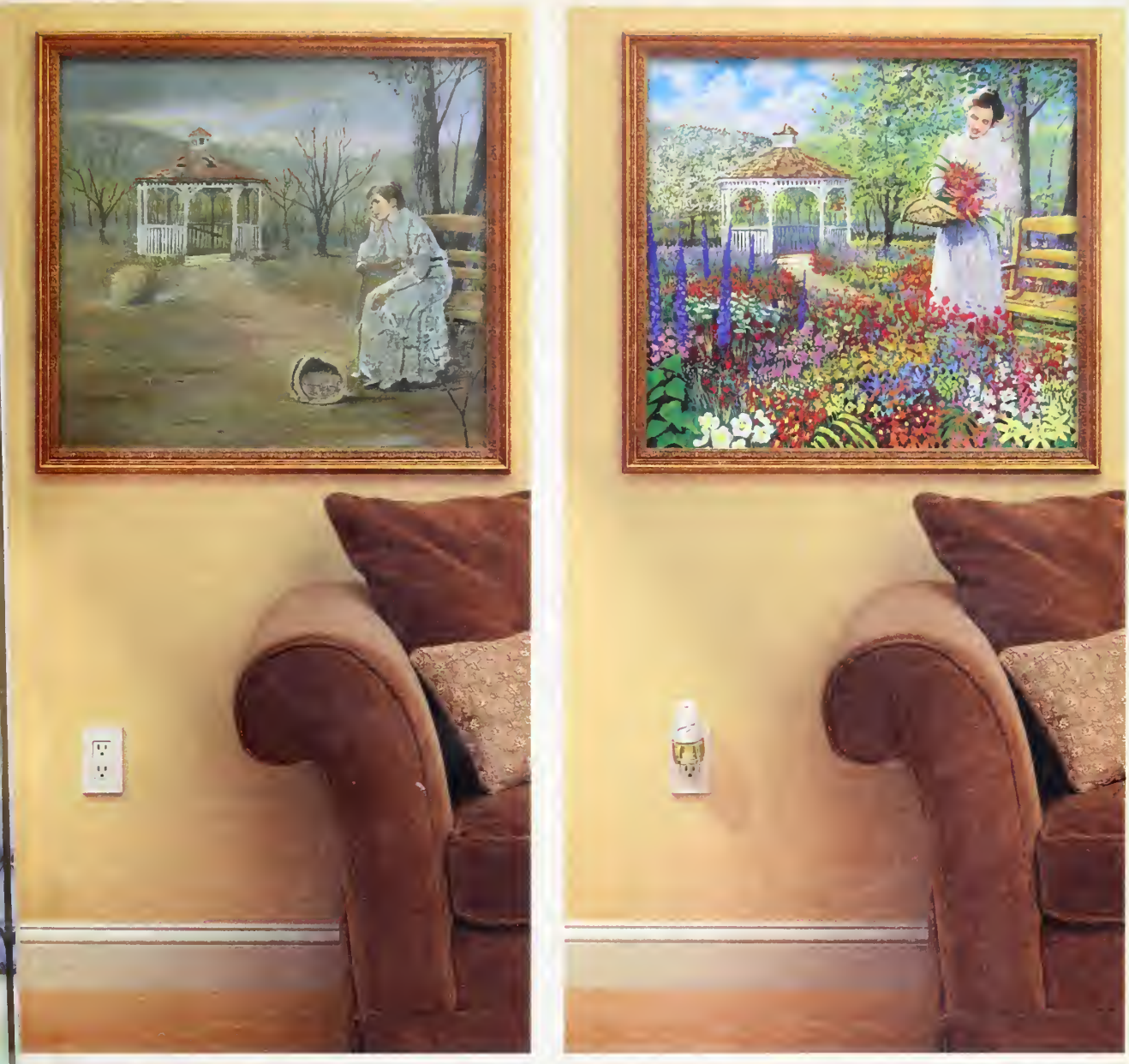
Style centers from Boston to New York City and nearby metropoli ruled this beauty contest, which counts such factors as how local weather affects a woman's skin and hair, and the likelihood that she keeps up with dental checkups. Some smaller towns were also looking good. The eyes of Texas, meanwhile, may want to focus elsewhere.

Beautiful finds

1. Anchorage, AK
2. Yonkers, NY
3. Alexandria, VA
4. Boston, MA
5. Salinas, CA
6. New York, NY
7. Ann Arbor, MI
8. Elizabeth, NJ
9. Bridgeport, CT
10. Stamford, CT

Pretty impaired

191. Tampa, FL
192. Charleston, WV
193. Jacksonville, FL
194. Mobile, AL
195. Springfield, IL
196. New Orleans, LA
197. Laredo, TX
198. Corpus Christi, TX
199. Brownsville, TX
200. Beaumont, TX



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ARLINGTON, TX *Midway between Dallas and Fort Worth, Arlington prides itself on a bustling economy, ample jobs and good hometown security—as befits a former workplace of George W. Bush, who used to own the Texas Rangers. And say what you will about Texas-size hairdos, but Arlington ranks among the 20 most coiffure-friendly cities.*
Screen gem: *"Walker, Texas Ranger" was taped here.*

Stress points

Gary, Indiana, is Stressville, U.S.A. The beleaguered industrial city, which comes in dead last on our overall list, ranks number-one on our *agita* index.

To find the most stressful cities, we looked at lifestyle trials (long commutes, high divorce rates), health threats (high blood pressure) and economic anxieties.

Stress centers

1. Gary, IN
2. Dallas, TX
3. San Bernardino, CA
4. Inglewood, CA
5. Seattle, WA
6. Phoenix, AZ
7. Oakland, CA
8. Tacoma, WA
9. Portland, OR
10. San Jose, CA

Tranquil towns

191. Portland, ME
192. Ann Arbor, MI
193. Laredo, TX
194. Huntsville, AL
195. Lubbock, TX
196. Charleston, WV
197. Chesapeake, VA
198. Sioux Falls, SD
199. Madison, WI
200. Fargo, ND

How the rest rank

For more on your town or any of our 200 cities, go to *www.lhj.com/bestcities2002*

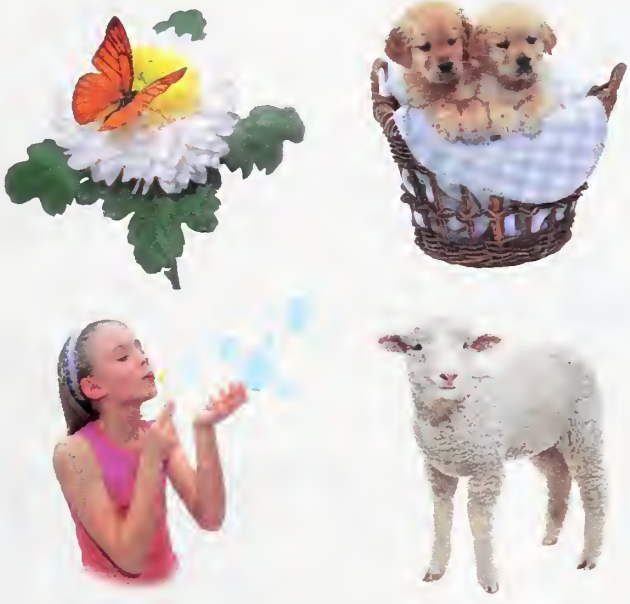
BIG CITIES
(population over 300,000)

11. Pittsburgh, PA
12. Toledo, OH
13. Washington, DC
14. Tucson, AZ
15. Columbus, OH
16. Long Beach, CA
17. Santa Ana, CA
18. Mesa, AZ
19. San Jose, CA
20. Charlotte, NC
21. Portland, OR
22. Fort Worth, TX
23. New York, NY
24. San Francisco, CA
25. Seattle, WA
26. Sacramento, CA
27. Los Angeles, CA
28. Kansas City, MO
29. Fresno, CA
30. Denver, CO
31. Tulsa, OK
32. Tampa, FL
33. Milwaukee, WI
34. Atlanta, GA
35. Jacksonville, FL
36. Chicago, IL
37. Cincinnati, OH
38. San Antonio, TX
39. Wichita, KS
40. Las Vegas, NV
41. Phoenix, AZ
42. Oklahoma City, OK
43. Indianapolis, IN
44. Dallas, TX
45. El Paso, TX
46. Nashville-Davidson, TN
47. Albuquerque, NM
48. Houston, TX
49. Philadelphia, PA
50. Oakland, CA
51. Baltimore, MD
52. St. Louis, MO
53. Miami, FL
54. Cleveland, OH
55. Memphis, TN
56. Detroit, MI
57. New Orleans, LA

SMALL CITIES
(population under 300,000)

19. Overland Park, KS
20. Chesapeake, VA
21. Sioux Falls, SD
22. Lincoln, NE
23. Garland, TX
24. Sunnyvale, CA
25. Hampton, VA
26. Torrance, CA
27. Hartford, CT
28. Boise, ID
29. Des Moines, IA
30. Abilene, TX
31. Worcester, MA
32. New Haven, CT
33. Glendale, CA
34. Lexington-Fayette, KY
35. Chula Vista, CA
36. Bakersfield, CA
37. Escondido, CA
38. Eugene, OR
39. Elizabeth, NJ
40. Paterson, NJ
41. Manchester, NH
42. Anchorage, AK
43. Billings, MT
44. Concord, CA
45. Scottsdale, AZ
46. Waterbury, CT
47. Springfield, MA
48. Tallahassee, FL
49. Providence, RI
50. Chesapeake, VA
51. Springfield, IL
52. Bridgeport, CT
53. Lakewood, CO
54. Mesquite, TX
55. Oceanside, CA
56. Syracuse, NY
57. Moreno Valley, CA
58. Salem, OR
59. Glendale, AZ
60. Columbia, SC
61. Garden Grove, CA
62. Durham, NC
63. Reno, NV
64. Rochester, NY
65. Pasadena, CA
66. Jersey City, NJ
67. Wilmington, DE
68. Newark, NJ
69. Riverside, CA
70. Santa Rosa, CA
71. Grand Rapids, MI
72. Aurora, IL
73. Lansing, MI
74. Overland Park, KS
75. Lancaster, CA
76. Raleigh, NC
77. Vallejo, CA
78. Irving, TX
79. Independence, MO
80. San Bernardino, CA
81. Brownsville, TX
82. Aurora, CO
83. Charleston, WV
84. Hollywood, FL
85. Pomona, CA
86. Lubbock, TX
87. Fort Wayne, IN
88. Richmond, VA
89. Oxnard, CA
90. Springfield, MO
91. Amarillo, TX
92. Buffalo, NY
93. Peoria, IL
94. Topeka, KS
95. Laredo, TX
96. Columbus, GA
97. Modesto, CA
98. Evansville, IN
99. Ontario, CA
100. Corpus Christi, TX
101. Erie, PA
102. Dayton, OH
103. Pasadena, TX
104. Huntsville, AL
105. St. Paul, MN
106. Tempe, AZ
107. Hayward, CA
108. Greensboro, NC
109. Newport News, VA
110. Akron, OH
111. El Monte, CA
112. Winston-Salem, NC
113. Knoxville, TN
114. Orlando, FL
115. Stockton, CA
116. Norfolk, VA
117. Hialeah, FL
118. Warren, MI
119. Salt Lake City, UT
120. Spokane, WA
121. Little Rock, AR
122. Flint, MI
123. Rockford, IL
124. Louisville, KY
125. Allentown, PA
126. Chattanooga, TN
127. Salinas, CA
128. Inglewood, CA
129. St. Petersburg, FL
130. South Bend, IN
131. Fort Lauderdale, FL
132. Mobile, AL
133. Birmingham, AL
134. Macon, GA
135. Beaumont, TX
136. Tacoma, WA
137. Baton Rouge, LA
138. Montgomery, AL
139. Kansas City, KS
140. Shreveport, LA
141. Savannah, GA
142. Jackson, MS
143. Gary, IN ■

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Julia Roberts How a small-town girl made good

By Molly Haskell

JULIA ROBERTS, AMERICA'S PRETTY woman, is talented, rich and happy—the kind of woman who would unleash a tide of envy if only she weren't so damn likable. "I live a privileged life," she acknowledges. "I have a great job." She also has the goodwill of a loving public: In a recent Harris poll, she was overwhelmingly voted America's favorite movie star, and she just won the People's Choice favorite-actress *(continued)*



GOLDEN GIRL
Julia savors her Oscar win last year and (opposite page) flashes her signature smile as a schoolgirl in Georgia

A career in the movies

Besides her record-breaking salary, Julia Roberts is the only woman in the men's club of bankable stars whose names alone can get a picture financed. Sure, she's had a few misses, but even some of her lesser movies can make piles of money. Together, *Notting Hill* and *Runaway Bride*, both in 1999, earned more than $300 million in the U.S. alone. And over a chorus of critics, *The Mexican* garnered $20.3 million in its first three days.



***PRETTY WOMAN*, 1990**
(with Richard Gere) Julia gets an Oscar nomination and becomes a household name



***MARY REILLY*, 1996**
Julia portrays a British maid to Dr. Jekyll (John Malkovich) in one of her rare stinkers



***STEEL MAGNOLIAS*, 1989**
As a woman destined to die young, she holds her own with established star Sally Field, above



***RUNAWAY BRIDE*, 1999**
The actress re-teamed with *Pretty Woman* director Garry Marshall in this comedy



***THE PELICAN BRIEF*, 1993**
(above) a thriller with Denzel Washington

***MYSTIC PIZZA*, 1988** (below) with Adam Storke; Julia's memorable first leading role





***ERIN BROCKOVICH*, 2000**
The heels were high, the necklines low, but the role of the flashy whistleblower who successfully battled a chemical giant earned Julia her first Oscar, for best actress



***NOTTING HILL*, 1999**
with Hugh Grant, Julia plays a mega-star with the common touch. (Sound familiar?)

(continued) award for the eighth time. This year, with only a couple of relatively small film projects in the works, Julia, now 34, plans to kick back and spend some time reflecting upon a career that, at $20 million a picture, has made her the highest paid actress in history. And, roaming her beloved New Mexico ranch with her assortment of dogs in tow, she'll also have time to assess a roller-coaster romantic life that has become as much her trademark as that mile-wide smile.

Whatever her next move, the once-gangly girl from Smyrna, Georgia, can be counted on to do things *her* way. In fact, Julia's bred-in-America spunkiness is at the heart of her appeal. Who can forget her at last year's Academy Awards, decked out in a stunning vintage gown by Valentino, ordering the timekeeper to let her make the acceptance speech *she* wanted to make. "Turn that clock off," Julia demanded engagingly, as she accepted the Best Actress Oscar for *Erin Brockovich*. "It's making me nervous." Now that's a laugh: An actress in full knowledge and possession of her worth, the newly anointed Queen of Hollywood was in her rightful place and wanted the world to know it. A gutsy move, to be sure. Yet Julia Roberts got away with it, just as she gets away with a revolving-door love life even a man would have trouble living down. Indeed, convinced that it was

Julia's bred-in-America spunkiness is at the heart of her appeal

just such philandering that had kept her out of Academy favor in previous years, Julia's spin doctors were said to be working overtime to keep word of her unraveling relationship with actor Benjamin Bratt out of the press in the days leading up to last year's awards ceremony.

So what is it about this charmer that wins our hearts, and how did she ascend to cinematic royalty? Crucial to Julia's success and unusually long star turn (especially for a woman) is her appeal to both sexes. Men might want to hang out with her; she was clearly "one of the guys" in group interviews with Brad Pitt, George Clooney, et al. for *Ocean's 11* last year. But women are taken by her, too. She not only lights up the screen with that outsized smile, but she lights up everybody else as well. Men seem more attractive and interesting in her company, as was the case with James Gandolfini in *The Mexican* and Rupert Everett in *My Best Friend's Wedding*. And David Letterman never fails to become noticeably more relaxed and playful whenever Julia makes an appearance on his show.

It's that down-to-earth quality that makes us almost believe her when Julia says she'd just like to settle down and tend the home fires. After she married Lyle Lovett in 1993, Julia was quoted as saying: "I want to have a family, raise kids. ... Movies come and go, but family life is a real kind of rich consistency." And we all know how long *that* lasted. In fairness, the miracle is that any showbiz relationships last given the career pressures and intrinsic rivalries that can undermine them. But then few are the actors who, as children, have known the joys of normal family lives, or watched two parents ride out the struggles of marriage, which they might later emulate.

Julia's often-quoted line, "I'm just a girl from Smyrna, Georgia, who wants some attention," is one of the more honest acknowledgments of what drives someone to stand up before an audience and say, "Look at me!" Despite the happy spin she puts on her early family life (that enviably bohemian, "wonderfully dysfunctional" family in small-town Georgia!), Julia had some rough years. She emphasizes the theater-in-her-blood side of her youth: In fact, her parents lost the regional theater they owned during a bitter, income-depleting divorce when Julia was only 4. Her father became a door-to-door salesman, gaining custody of Julia's older brother, the actor Eric Roberts. (Julia and Eric have been estranged for many years.) She and her older sister, Lisa, went to live with their mom and stepdad. When her real father died suddenly shortly thereafter, it came as a shock—Julia and Lisa had never even been told he was sick. Add that up and you have a recipe for what could be a chronic neediness. *(continued)*

A style that says Julia

Like everything else in her life, Julia's fashion sense is a self-styled affair, mixing classic touches with the latest looks: the toast of Hollywood glam one minute, just another jeans-clad woman in her 30s the next









Pretty woman
In vintage Valentino (above, right); cool in leather (right); and wrapped in a stole (below, right)





In the accents
Julia favors classic shades (top); is a fan of Me & Ro's jewelry (above); and likes open-toe stylishness in her shoes (right)



14 things you didn't know about Julia

- Her middle name is Fiona.
- Her first "stage" role was as Elizabeth Dole in her school's mock-election campaign.
- High-school memberships included the Spanish club, tennis team and student government.
- As a teen, she waited tables at a pizza parlor and worked at the local movie theater.
- Her production company is named Shoelace Productions (she also worked at a shoe store).
- She often knits sweaters in her spare time.
- She turned down the chance to star in *Shakespeare In Love*, which was the Oscar-winning role later filled by Gwyneth Paltrow.
- She once consulted Sam Chwat, speech pathologist to the stars.
- No nude scenes for Julia: "When you act with your clothes off, it's a documentary."
- She's left-handed.
- You'd better be on time if you have a meeting with Julia: She has said that she has little tolerance for tardiness.
- *The Sopranos* star James Gandolfini leaves her starstruck.
- David Letterman once sent her a case of champagne because he couldn't make it to one of her parties.
- She hums tunes by the rock group No Doubt and is a fan of lead singer Gwen Stefani's lyrics.

That need, many would say, plays itself out in Julia's merry-go-round love life. There have been lots of heavy hitters as well as unknowns in her string of lovers (see "The many men in Julia's life," right). They have included Liam Neeson, Dylan McDermott (who played her husband in *Steel Magnolias*), Kiefer Sutherland (whom she notoriously jilted, three days before their wedding, taking up shortly after with Jason Patric) and Daniel Day Lewis. Along the way, there was a fling with Matthew Perry. Her only marriage, to Lovett, lasted just 21 months. By far, her three-and-a-half-year relationship with Bratt has been Julia's longest. Rumors of a romance between Julia and George Clooney that ignited while filming *Ocean's 11* were hardly quelled by her decision to be in *Confessions of a Dangerous Mind*, marking Clooney's directorial debut due late this year. Most recently, she has kept company with Danny Moder, a handsome—and married—cameraman who is in his early 30s.



Julia and David Letterman share a special chemistry

Like her love life, her career has had some ups and downs. With long-held dreams of being in the movies, Julia headed to New York City just after high-school graduation. She moved in with her sister and worked briefly as a model. She made her acting debut in 1986 in the drama *Blood Red*, alongside brother Eric. The next few years saw a run of TV and film appearances, but her big break came with 1988's *Mystic Pizza*, in which she starred as a waitress in love with an upper-crust fellow. The following year, her next film role, as Sally Field's doomed daughter in *Steel Magnolias*, earned Julia her first Oscar nomination (in the best-supporting-actress category). Then came the movie that garnered a best-actress Oscar nomination and catapulted Julia into mega-stardom: *Pretty Woman*. (See "A career in the movies," page 104.)

Hairs to Julia, blond or brunet, long or short



1994 1997 1999 2000 2001 2002

During the mid-1990s, Julia went through the upheaval stars often experience in mid-career: professional disappointments, accusations of being difficult and a few box-office misses, including *I Love Trouble* ('94) and *Mary Reilly* ('96). Friend Susan Sarandon has said, "She emerged from that very complicated gestation period with a clear voice and a sense of who she is. I like her because she's somebody who says 'yes' to life." (Friends also say the unpretentious character she plays in such films as *Notting Hill* is the same Julia you get offscreen. While in Venice last year, for example, she would greet inquisitive tourists on the streets with, "Hi. I don't know you. I'm Julia.")

The star's generosity of spirit extends to her charity work. As she has put it: "Not to say I'm Paul Newman or anything, but I do have my philanthropic side." And how. She's given more than her name to a number of causes, as attested by her generous $2 million donation to victims of September's terrorism attacks. Besides participating in a celebrity-packed telethon for the victims, she made a moving public-service commercial for the American Red Cross. Then there's her longstanding commitment to a little girl—the daughter of friends—who had Retts syndrome, a genetic disorder from which the child recently died. Julia visited and bonded with the girl, started a foundation to support research into the disease and appeared in a documentary to raise public awareness about the illness.

But Julia's greatest influence may be on our very perceptions of women in their 30s. She just might help reshape our notions about being single in that defining decade. On the topic of starting a family, she has bravely, if half jokingly, admitted, "I like my little flat belly." (Indeed, there were reports that conflicting views with Benjamin Bratt about kids factored into the couple's split.) Julia could help change the stereotype of a woman yearning for a man, the biological clock ticking loudly. All the same, she has some rather traditional views on being in her 30s. "You start to see your life evolve," she has said. "The idea of family becomes more crystalline—more possible and more immediate."

There's no doubt that Julia will continue to be a cinematic force to be reckoned with. She could be that rare actress who'll defy convention and get leading roles well into middle age. Whether she gets the guy thing right—with Danny Moder or someone else—America's sweetheart might well have another date ahead with a fellow named Oscar. Either way, we already know Julia's a pretty woman; what she keeps showing us is that she's also a pretty *amazing* woman. ■

Film critic Molly Haskell is the author of "Holding My Own in No Man's Land: Women and Men and Film and Feminists" (Oxford University Press).

The many men in Julia's life

More than a few Julia-watchers snickered at the title of her 1999 film *Runaway Bride*. Depending upon your point of view, the actress has been famously unwilling to settle down or simply unwilling to *settle*. Either way, over the years patient fans have watched and wondered, "Will this be the one?"



Runaway bride She left Kiefer Sutherland days before their '91 wedding



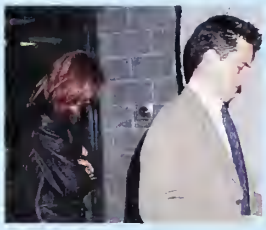
On the rebound Jason Patric was Julia's post-Sutherland beau



Lovett or leave it Lyle and Julia wed in '93 but divorced in '95



Good sports A mid-'90s companion, jock Pat Manochia



Friend, indeed At a '96 hockey game with *Friends*' Matthew Perry



Ben there Until 2001, she was with Benjamin Bratt for more than three years



Just rumors Julia was linked to *Ocean's 11* co-star George Clooney



Danny boy Cameraman Moder, a married man she met last year

Best hair secrets from America's top salons

No more bad hair days! Get the look you always wanted, plus the know-how to do your hair like a top pro. Here, our coast-to-coast guide to the best hair-care advice from America's most savvy salons.

BONUS: Great discounts and freebies from 51 salons, only for LHJ readers

By Carol Straley and Jessica Goldberg. Photos by Bruno Gaget

East

SALON BEAUCHESNE

32 Hanover St., Manchester, New Hampshire 13101; 603-621-0500

✂ **More shine, less shampoo: Don't wash your hair every day unless it is oily. Daily shampooing can strip away the natural oils needed to coat the hair shaft and reflect light. You can let hair go two days without lathering up if hair is dry, damaged or color-treated, and one to two days if hair is normal. Refresh your style without shampoo by rinsing with warm, then cool water.**

Specialty: Customized hair looks

Freebie. Full hair and scalp treatment with 15-minute massage ($32 value) with article

THE CLIP SHOP GRAND SALON AND SPA

125 North St., Bennington, Vermont 05201; 802-447-2648

✂ **Instant hot rollers: To add more volume to your hair, buy three metal round brushes. Section hair at the crown into three sections and mist with styling spray. Roll each section around a brush, the way you would set hair with rollers, and spray again with the styling spray. Moving the dryer back and forth, heat the brushes until hair is warm, then let hair cool before unwinding.**

Specialty: Cut and color

Freebie: 10% off all services and products (cuts, $24 and up; color, $53 and up)

SALON CAPRI

31 Lincoln St., Newton Highlands, Massachusetts 02461; 617-969-1970

✂ **Frizz control: When blow-drying your hair straight, be sure to get it completely dry. Any moisture left in the hair will cause it to expand, resulting in frizz.**

Specialty: Color

Freebie: Free gift bag (shampoo, conditioner and more; value, $25) with cut and style ($40 to $75)

GIL FERRER

21 East 74th St., New York, New York 10021; 212-535-3543

✂ **Blow-drying basics: For more control, lift sections with a flat brush and blow hair forward. When hair is completely dry, blow it all back, away from your face. Bend over and shake your head. Finish with a texturizing product.**

Specialty: Cut, color and an in-house trichologist (hair and scalp specialist)

Freebie: Free Gil Ferrer shampoo (value, $12) with any service (cuts, $85 and up; color, $85 to $200)

ATTITUDES HAIR STUDIO

101 E. Maple Ave., Langhorne, Pennsylvania 19047; 215-891-9555

✂ **Lock in shape: When straightening hair with a round brush and blow-dryer, allow each section to cool a second or two while it's still wrapped around the brush to lock the smoother shape into the hair.**

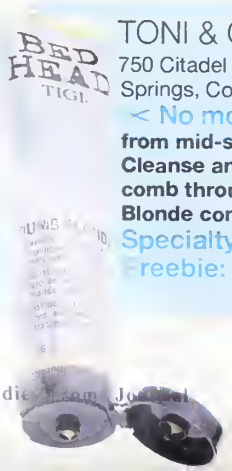
Specialty: Texture and color

Freebie: Set of two Cyperstylers (one large-barrel brush and small-barrel brush; $20 value) with perm or color service ($43 and up)

A PERFECT FACE DAY SPA

82nd St. and Coastal Highway, Ocean City, Maryland 21842; 800-476-5524

✂ **Be a smoothie: To tame flyaways, mix a few drops of an anti-frizz serum such as Bumble and bumble Defrizz ($17; to order, call** ***(continued)***



TONI & GUY

750 Citadel Dr. East, Suite 2292, Colorado Springs, Colorado 80909; 719-622-8773

✂ **No more tangles: Apply conditioner from mid-shaft to ends before you shampoo. Cleanse and rinse. Reapply conditioner and comb through. We like Bed Head Tigi Dumb Blonde conditioner ($15.95; 888-795-4247).**

Specialty: Color and cut

Freebie: 10% off hair services ($22 to $175)



A cut above the rest

The hottest hair look this season is tapered, rounded layers, fuller at the crown, sleeker at the sides and feathered at the ends, with sexy bangs long enough to graze the cheekbones—and sweep off the face when you want a change. "The style is softer and more romantic than the choppy '90s shag, and right for any hair type," says New York City–based stylist Mark Garrison of Mark Garrison Salon. Upkeep: The cut requires a trim every 6 to 8 weeks for most hair types; 8 to 10 weeks for wavy to curly hair.

SMOOTH MOVES

Layers in the new tapered cut boost body. To turn up the volume, try a body-building shampoo and conditioner. We like Clairol Herbal Essences Natural Volume Texturizing Shampoo and Natural Volume Weightless Conditioner ($3.29 each). After blow-drying hair, spritz it with a spray wax. Lighter than solid waxes, it adds a glossy sheen and light hold and tames flyaways. Try ARTec kiwi coloreflector manipulating wax ($12.50; for salons, call 800-323-6817).





SHEAR FLATTERY

The secret to layers that swing freely, then fall into place: "texturizing" the ends with thinning shears or a razor rather than snipping them straight across with scissors. This lightens the weight of the hair.

(continued) 800-728-6253) with a drop or two of a straightening cream. Rub it in the palms of your hands; smooth over wet or dry hair, concentrating on the ends.
Specialty: Skilled in latest cut and coloring techniques
Freebie: $20 gift card with any service (cuts, $35 and up; color, $50 and up)

South

SPA ROMA

170 Lake View Dr., Suite 1, Morgantown, West Virginia 26505; 304-594-9782

✂ Get even: **Maintaining perfect posture while you're getting your hair cut will allow your stylist to give you more even results. Believe it or not, if you cross your legs, you throw off your alignment, which can result in a lopsided cut.**
Specialty: Makeovers
Freebie: 15% off salon makeover package (color and cut, styling, manicure, makeup application, facial and 30-minute back, neck and shoulder massage; $150 value)

SALON RED

378 Clifton Rd. NE, Atlanta, Georgia 30307; 404-373-2003

Before coloring your hair, remove all traces of styling products, which could prevent color from going on smoothly

✂ Perfect chemistry: **Before you have your hair colored, permed or straightened, tell your technician what chemical hair treatments you've had in the past. The technician has to determine how the chemicals that are already in your hair will interact with any new chemicals.**
Specialty: Color
Freebie: Free haircut (savings $20 to $45) for first-time clients or one free travel-size Aveda or Bumble and bumble product of your choice ($4 to $12 value).

ELAN HAIR-SKIN-BODY

3756 Hillsboro Pike, Nashville, Tennessee 37215; 615-269-0222

✂ Tame your mane: **To control unmanageable hair, use a leave-in detangling conditioner such as Rene Furterer Fioravanti No-Rinse Detangling Spray ($18; for salons, call 800-522-8285) on wet or dry hair. Apply before your styling product.**
Specialty: Color
Freebie: Free deep-conditioning service (value, $15) with any hair service ($45 to $165)

L'IMAGE SALON AND SPA

5100 Beltline Rd., #520, Dallas, Texas; 972-934-8080

✂ Fast up-do: **Pull hair about two thirds of the way through a pony wrap, leaving the rest of the hair banded with the ends free. Also, try pulling it to one side for an off-center chignon.**
Specialty: Makeovers and color
Freebie: Deep-conditioning glossing treatment (valued at $25) with any haircolor service ($45 to $125)



Midwest

ZANO SALON

2016 West Wilson Ave., Batavia, Illinois 60510; 630-406-9555

✂ Iron in a sleek finish: **The speediest way to straighten hair? Use a flat iron. How-to: 1. Blow-dry hair, smoothing it with your fingers. 2. Once hair is dry, brush it out with a flat paddle brush; apply shine-enhancer or heat-activated spray. 3. Working up from the ends, flatten ½-inch sections with the iron; doing bangs last. Hair will stay sleek for two or three days.**
Specialty: Makeovers
Freebie: 15% off makeover package (consultation, haircolor, cut and style, and makeup; regular package fee, $130 and up)

JON ENGLISH SALON

1439 West Lake St., Minneapolis, Minnesota 55408; 612-824-2474

✂ Fresh start: **Before coloring your hair, remove all traces of styling products. Any residue prevents color from going on smoothly. Before washing your hair, work in a little Apotheca Resurfacing Balm ($14.95; 800-888-2875), which will loosen product buildup.**
Specialty: Precision haircutting
Freebie: $28 haircut, with select stylists for first-time clients (cuts, $32 and up)

TO ORDER, 877-551-7257

NEROLI SALON & SPA

An Aveda Concept Salon, 325 E. Chicago St., Milwaukee, Wisconsin 53202; 414-227-2888

✂ **Speedy body booster: Spray Aveda Witch Hazel ($10; to order, call 800-328-0849) on dry hair. Roll sections with Velcro rollers. As the witch hazel, a nondrying natural astringent, evaporates, it helps hair hold its shape. After 10 minutes, remove rollers and style as usual.**

Specialty: Color

Freebie: Finishing Touch makeup application and a five-minute hand and neck massage (value, $30) with any service (cuts, $42 and up; color, $65 and up)

West

A ROBERT CROMEANS SALON @ MANDALAY BAY

3950 South Las Vegas Blvd., Las Vegas, Nevada 89119; 702-632-6130

✂ **Mend split ends: Overdue for a trim? Try this temporary fix: Work Paul Mitchell Instant Moisture Daily Treatment conditioner ($9.95; for stores, 800-321-5767) through wet hair. Do not rinse. Blow-dry hair as usual; massage a few drops of an anti-frizz serum such as Paul Mitchell Gloss Drops ($14.95) to the ends.**

Specialty: Color

Freebie: Free hot-towel hair-conditioning treatment with head and neck massage (regularly $15) when you get a cut or color service (cuts start at $55; color starts at $75)

LARU NI HATI

3413 Central NE, Albuquerque, New Mexico 87106; 505-255-1575

✂ **Styling savvy: To prevent the greasies, apply styling gel, mousse or cream by rubbing a dab between palms and raking hands through your hair, starting at the back. Do the ends first, and gradually go up the hair shaft. Stay away from the scalp.**

Specialty: Cuts and color

Freebie: $20 cut with Hannah, Jill, Chris or Elysa 6 P.M. to 8 P.M. Tuesday to Saturday (regularly $36.50)

CLARISSE SALON & SPA

3900 Cross Creek Rd., #1A, Malibu, California 90265; 310-456-5130

✂ **Curl talk: Don't fry your hair when using your curling iron. For silky curls, start with dry hair. Spritz on a heat-activated styling spray to protect tresses. Take skinny sections of hair, about ½ inch to one inch wide. (Make sure ends are tucked into the clamps of the iron or they'll flip up.) Hold each section in the iron for no more than 30 seconds.**

Specialty: Japanese hair straightening

Freebie: 50% off Japanese hair-straightening system (regularly, $600), a thermal treatment that smooths curls and waves and lasts six months; 15% off all hair-care products ($10 to $50)

GARY.MANUEL SALON

2127 First Ave., Seattle, Washington 98121; 206-728-1234

✂ **Color refresher: To keep haircolor looking fresh between touch-ups, twice a week rub a small amount of color-enhancing shampoo into roots at bedtime. (Blow-dry roots to keep pigment from rubbing off on your pillow.) Shampoo out the next morning.**

Specialty: Color

Freebie: Free 8-oz. shampoo for your hair type (value, $8 to $10) with a cut ($40 to $110) or color service ($50 and up)



EUPHORIA SALON

3904-D Colony Rd., Charlotte, North Carolina 28211; 704-367-9112

✂ **Best blow-dryer: The Super Solano, a 1,600-watt dryer, has the power to dry hair fast but controls the airflow so the heat won't do damage. The motor also outlasts most standard blow-dryers ($79; to order, call Zitomer, 888-219-2888).**

Specialty: Coloring and styling curly hair

Freebie: $20 off demi-permanent color or gloss (start at $50)

LONDON INFLUENCE

625 SW 10th Ave., Portland, Oregon 97205; 503-295-0342

✂ **Quick curls: Apply L'anza Urban Elements Bodifying Foam ($9.95; for stores, log on to *www.lanza.com*) to a two-inch section of clean, dry hair. Then, wrap hair around one, two or three fingers—the more fingers you use, the bigger and looser the curls will be. Clip each curl with a bobby pin. Blow-dry with a diffuser for 10 minutes. Remove clips and shake hair loose.**

Specialty: Dimensional colors designed to accent creative cuts

Freebie: Deep-conditioning treatment (value, $20) with any cut ($35 to $52) or color service ($60 and up)

For more salons, pro tips and info on how to redeem freebies and discounts, turn to page 190.



LET IT WAVE

You don't always want to play it straight. Up-to-the-minute and ultrafeminine, a loose tumble of waves is a snap to style with new cloth curlers. One big advantage: no roller ridges. Wind each section around the fabric curler, then tie the ends together. Available from Mark Garrison Salon. To order, log on to *www.markgarrisonsalon.com* and ask for **Candy Wrappers** ($29.99).

Style in the City

We all know that if they look great there, they look great anywhere, so what better place to show the best American fashions than New York, New York?

Photographed by James T. Pemberton
Produced by Meg Goldman



Karen Duffy "Duff"

A native New Yorker, Duff made her mark on American pop culture as an MTV veejay and then became the "Charlie" Girl, representing the perfume of the same name. On this day, she cruised with LHJ aboard the Circle Line/Statue of Liberty Ferry, en route to the Big Apple's most famous landmark.



GET SPORTY Casual and comfortable separates are the clothes we kick back in, like athletic-inspired hooded jackets and nautical tees that top off that staple of American style, a favorite pair of jeans. Far left: jacket, Yeohlee, $630; jeans, Tark 1, $175. Near left: sweatshirt, Blue Marlin, $78.

KAREN'S HAIR, JIM CRAWFORD FOR GARREN NEW YORK.



Emme

"I want women to know that their self-esteem is not contingent upon their dress size," says Emme, the model who has made it her mission to promote positive body image to women of all shapes and sizes. She's also the host of E!'s *Fashion Emergency*, but when it comes to dressing for a special occasion, there's no reason to panic. Here, Emme is wearing what most of us do for a night on the town, the always-chic black dress. Sheath, the Emme Collection, $119; necklace, Rachel Reinhardt, $200.

At Michael Jordan's Steak House, Grand Central Terminal, NYC

EMME'S HAIR, JIM CRAWFORD FOR GARREN NEW YORK

"I was born in New York City, and I'm constantly amazed by Grand Central because of the diversity of people who travel through its hallowed halls"



Garcelle Beauvais-Nilon

She plays a no-nonsense district attorney on *NYPD Blue*, but she left the buttoned-up look behind to don Southwest-inspired duds, pairing an in-every-woman's-closet jean jacket with sleek leather pants. Touches of turquoise on the belt buckle and earrings keep the look authentic. Jacket, DKNY Jeans, $89; pants, AK Anne Klein, about $200; shirt, Anna Sui, $209; shoes, Anne Klein Footwear, $185; belt, Adrienne Teeguarden, $378; earrings, $240, and cuff, $760, both Christopher's.

At Top of the Tower, Beekman Hotel, NYC

GARCELLE'S HAIR, TRAVIS FOR ARIST BY TIMOTHY PRIANO.



TRUE BLUE It's a wrap, and it's been a wardrobe must-have ever since the '70s. Done up in denim-look stretch fabric, this one is an all-around classic that takes you from a day of sight-seeing to an 8 o'clock Broadway curtain call. Dress, Diane von Furstenburg, $330; necklace and bracelet, $96 each, Tantou Smith; clutch, Temma Dahan at Capital A.

"Living in New York was a real growing experience. Now I come here as often as I can to get a culture fix, to go to plays and museums"



WELL-SUITED Hepburn and Bacall blazed the trail for women in pants, and we never looked back. More modern than a skirt suit, the pantsuit reigns as American sportswear at its best. Suit, Elie Tahari; shoes, Casadei, $360.

At Grand Central Terminal, NYC.

American women—

hear us roar

Meet five amazing women who personify the very best traits of us all

By Nell Bernstein

It's impossible to celebrate what's best about America without talking about the best qualities of American women. Courage. Compassion. Leadership. Ingenuity. Taking a stand. At home and at work, American women draw on these attributes every day.

The events of this past year have put those strengths to the test as never before. American women have been on the front lines—fighting fires, policing the streets, working to make the skies safer and holding their own families together. They have also forged ahead with the business of daily life—leading cities, running companies, caring for the sick, raising children and reaching out to their communities.

As we rise to meet the challenges that face us, we can all draw inspiration from these five remarkable women.



"I learned about courage from the 343 firefighters who aren't here anymore, and the thousands more who responded on September 11 and survived," says Rochelle Jones, the only female fire captain in New York City



courage

New York City fire captain Rochelle "Rocky" Jones is used to dashing into burning buildings in search of victims trapped inside.

As a member of the first group of women to integrate the city's fire department in 1982, she stood up to relentless harassment. Today, as the first and only female captain in the city, she's responsible for the lives of the 20-some firefighters under her command, as well as countless citizens.

But her greatest test of courage came when she was thousands of miles away from the engine house she heads in lower Manhattan. Jones, 43, was on vacation with her husband in New Mexico on September 11 when her stepson called to tell them that the World Trade Center was engulfed in flames. Knowing her fire company would be called to the scene, she sat glued to the television. Then the towers collapsed. "I turned to my husband and said, 'Everyone I work with is dead.' "

Jones wasn't able to get through to her firehouse until six o'clock that evening. Five hours later she learned that 14 of the 18 firefighters who had responded to the call were missing.

"I was in total shock," says Jones, who drove 43 and a half hours to care for her firefighters. "As a captain," she adds, "you're a boss and a leader, but you're also a parent in a way."

When she made it back to the firehouse, one of her firefighters told her: "Cap, it's great to see you. It's like Mom is home and somehow things are gonna get better."

Jones says she knew then and there that her role was to hold it together. "I wasn't going to fall apart," she recalls. "That would send entirely the wrong message."

The ongoing threat of terrorist attacks has made Jones's job even more challenging. "Every time you get a call for a place like the New York Stock Exchange," she says, "you've got to ask, 'Is something going on?' "

But she has no doubt that she and her crew will be there. "I learned about courage from the 343 firefighters who aren't here anymore, and the thousands more who responded on September 11 and survived," she says.

Her own strength, she adds, comes from knowing that "not only are the citizens of New York depending on me, but my firefighters are depending on me, as I am on them. Courage comes from not wanting to let down the people you work with."

(continued on page 122)

White Knights in the Wild

Dramatic sculptural border replicates the look of peeling birch bark!

Includes hangi for easy



This side view shows the rich dimensionality of the hand-painted sculptural frame.

Shown smalle appr. size of 7¾ x es (19.2 x 14. *Stand not incl*

"White Magic"

Imagine...you're walking through the birch-tree forest on a crisp fall day when you see them. A pair of rare white timber wolves, nestled together in the thick brush, silently watching you with curious eyes that welcome you to their secret sanctuary.

Acclaimed artist Rusty Frentner brings you face-to-face with the beauty of wolves in "White Magic," an exciting new collector's plate enhanced by a specially-crafted sculptural frame, hand-cast and hand-painted to create the rustic look of peeling birch bark!

"White Magic" is expected to generate great interest, so don't wait to order at the $39.95 issue price. Send no money now. Just mail the coupon today.

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compassion

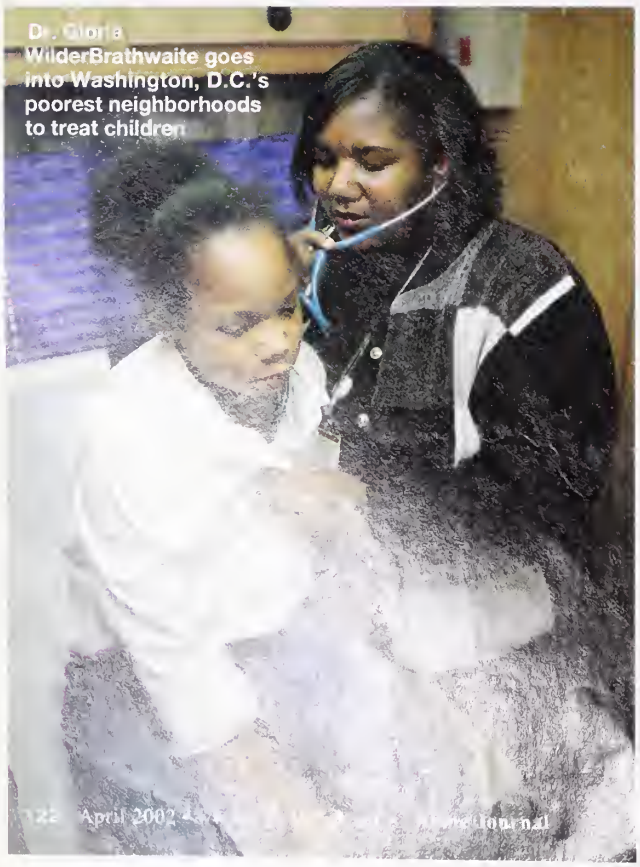
When Dr. Gloria WilderBrathwaite looks into the eyes of a frightened young patient, she sees her childhood self. WilderBrathwaite grew up on welfare in New York's impoverished Bedford-Stuyvesant neighborhood, and spent many hours standing in line with her mother for health care. "The system was so unfriendly, so impersonal, that you lost your dignity when you walked through the door," she says. "One of my personal missions is to prevent another child from experiencing that feeling."

WilderBrathwaite, 37, pursues that mission as director of Mobile Health Programs for the Children's National Medical Center in Washington, D.C. The Center's mobile van provides 3,500 patient visits a year in D.C's poorest neighborhoods. On any given day, WilderBrathwaite and her staff might see a baby with an ear infection, treat an adolescent in the throes of an asthma attack and offer care to a child with HIV.

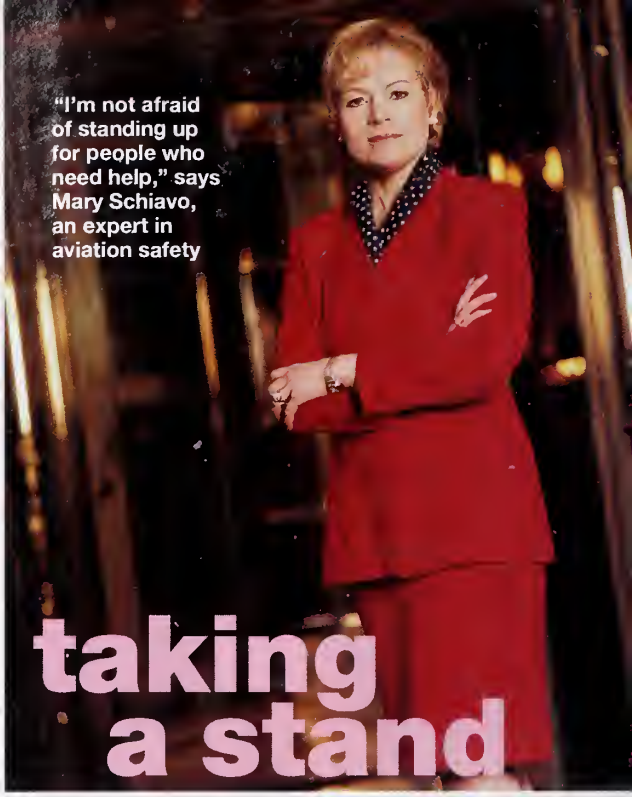
The first in her family to graduate from high school, WilderBrathwaite draws inspiration from her mother, who worked three jobs to get the family off welfare, and earned her own high school diploma at 35.

She encourages her younger patients to pursue their own degrees. Most rise to the challenge.

"My definition of health is happiness and finding something in the life of a person that is going to drive them to the next goal," says WilderBrathwaite. "Sometimes people just need a little help to get there."



Dr. Gloria WilderBrathwaite goes into Washington, D.C.'s poorest neighborhoods to treat children



"I'm not afraid of standing up for people who need help," says Mary Schiavo, an expert in aviation safety

taking a stand

As soon as Mary Schiavo learned of the events of September 11, she knew she had to unearth the truth about what had happened—something she knows plenty about. Her dogged pursuit of lapses in aviation safety earned her the nickname "Scary Mary" during her controversial tenure as inspector general of the U.S. Department of Transportation from 1990 to 1996.

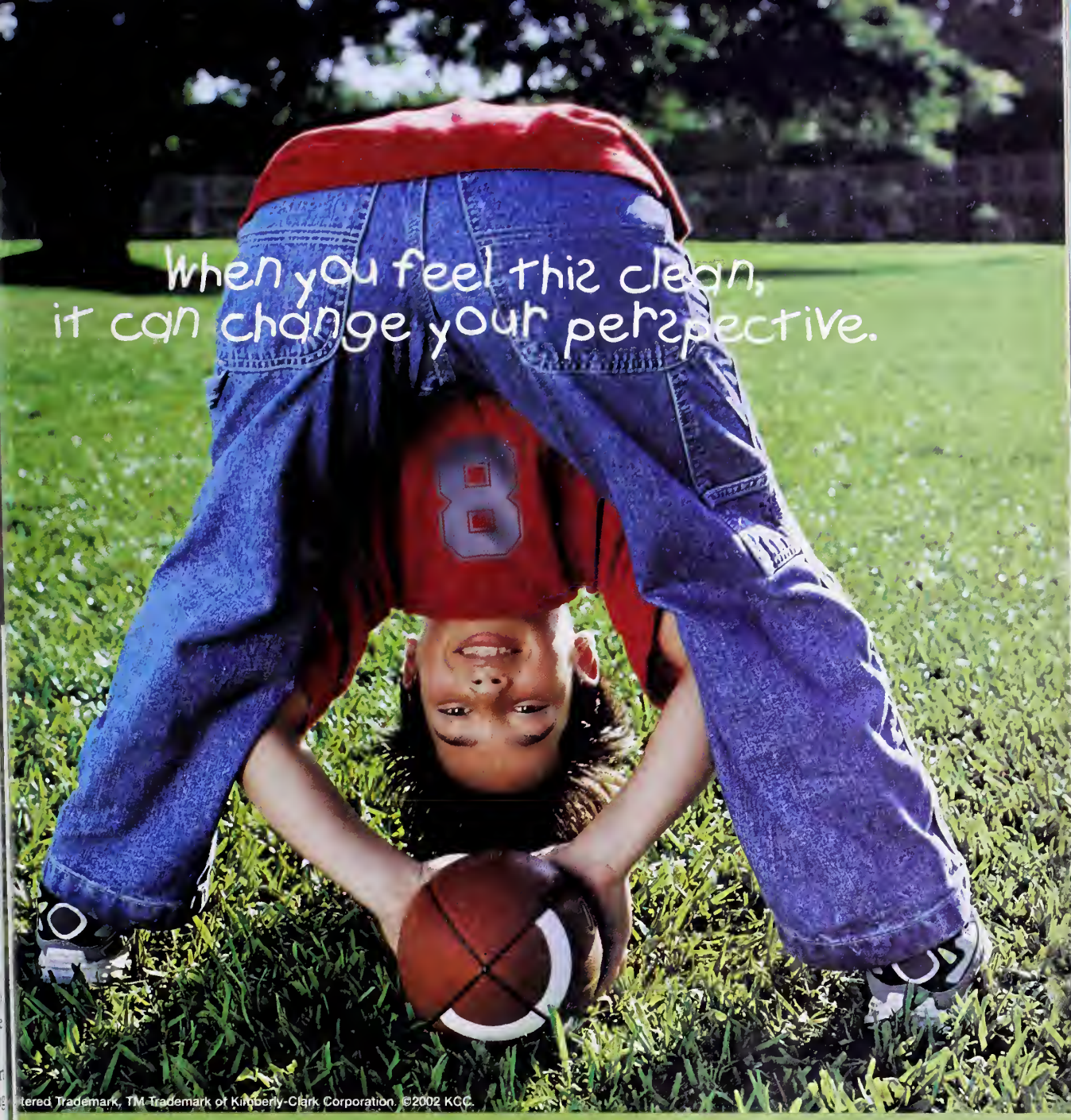
Determined to keep the Federal Aviation Administration (FAA) accountable to the public, Schiavo, 46, led an investigation into security at the nation's airports in 1992 and 1993. Her employees, armed with guns, knives, grenades and fake bombs, got through 75 percent of the time. At a congressional hearing to address what she'd uncovered, the FAA promised to fix the breaches. But when Schiavo repeated her investigation in 1995 and 1996 there were still significant security lapses.

The FAA "went into overdrive to try to get the report classified," Schiavo alleges. "They were clearly waiting for people to die. I prepared my letter of resignation."

Schiavo went on to become a professor of aviation at Ohio State University. She recently left academia to become an attorney at a Los Angeles firm that represents victims of airline disasters—including families of several dozen victims of the terrorist attacks. These relatives, says Schiavo, are not interested in money. "They want to know the truth." And the legal process, she believes, may be the only way to get at the truth of what went wrong on September 11.

"If you don't find out how it happened," she says, "then the problem won't be fixed. That's why I speak out."

(continued)



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ingenuity


Carolyn Stradley fought her way out of poverty and started a multimillion-dollar business. "Only in America," she says

At 11, Carolyn Stradley held her dying mother in her arms, then struggled to care for herself in a two-room shack in the Appalachian Mountains. At 13, she set off for Atlanta, where she enrolled in high school and worked nights as a waitress. Married at 15 and a mother at 17, she was 26 when she lost her husband to kidney disease and found herself alone with a small daughter to care for.

Stradley held on to her job as a secretary at a paving company. But at 32, determined to give her daughter the opportunities she had missed as a child, she rented a truck and went into business for herself. Today, her company, C&S Paving, brings in $6 million a year. The firm was chosen to build the running tracks for the 1996 Olympics in Atlanta. And in 1998, Stradley was honored by the federal Small Business Administration as its person of the year.

Stradley, 55, says the resourcefulness she developed as a child helped her succeed in business. In the beginning, she recalls, "I had to cut my hair short and wear loose-fitting clothing so I wasn't harassed on the work site." Now she carries pink business cards and shares her success story with other women entrepreneurs.

"I was able to escape poverty and move on to where I am today," she says. "Only in America could I do that."

leadership

When Jane Campbell, 48, was sworn in as the first woman mayor of Cleveland in January, she blanketed the city with invitations to her inaugural "Ball for All," and followed the event with an interfaith prayer service to bring the city's diverse groups together. "You get a lot more done if you give people the opportunity to get invested in the success of what you're trying to do," says Campbell.

A supporter of women's issues, Campbell created the first shelter for battered women in Ohio, and helped turn a rape crisis center from a network of volunteers into a professional organization. During her 12 years in the state legislature and five as a county commissioner, she sponsored bills establishing criminal penalties for domestic violence and support services for rape victims. As mayor, she says her aim is "to engage women fully in the life of the community."


Across the country we need strong, collaborative leadership," says Jane Campbell, Cleveland's first woman mayor

Her other goals: Bolster the economy. Improve schools. Create new jobs. Keep neighborhoods safe. "Across the country we need strong leadership, and we need collaborative leadership," she says. "If there's one thing we learned in the aftermath of September 11, it's that America applaud diversity and learn to get along with one another." ■

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Unfortunately, nearly 40% of women in their sixties have osteoporosis.

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FOSAMAX is proven to help build bone.

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was begun. FOSAMAX is the number-
escribed osteoporosis drug treatment.*

FOSAMAX is also available in a once-weekly tablet.

FOSAMAX is the only once-weekly tablet for the treatment and prevention of postmenopausal osteoporosis. In studies, FOSAMAX Once Weekly was as effective as FOSAMAX Once Daily in increasing bone density. And FOSAMAX is the only oral medication with a convenient once-weekly option proven to help build bone.

Important information about FOSAMAX.

You should not use FOSAMAX if you have certain disorders of the esophagus (the tube connecting the mouth with the stomach), are unable to stand or sit upright for 30 minutes, have severe kidney disease, low blood calcium, or are allergic to FOSAMAX. Use with caution if you have stomach or digestive problems. Stop taking FOSAMAX and tell your doctor if you develop new or worsening heartburn, difficult or painful swallowing, or chest pain because these may be signs of serious upper digestive problems which can include irritation, inflammation, or ulceration of the esophagus. (See Patient Product Information for more details.) Digestive side effects in studies were generally mild and included stomach pain, indigestion/heartburn, or nausea.

your doctor about a bone density test and if FOSAMAX is right for you.

SAMAX Once Weekly
ven to help build bone.

ONCE WEEKLY
FOSAMAX®
(alendronate sodium tablets)

ee the Brief Summary of Patient Product Information on the following page and discuss it with your doctor.

1S HEALTH, National Prescription Audit *PLUS*™ (NPA *PLUS*™) and the National Disease and Therapeutic Index™ (based on total prescriptions for the uary 1, 2001 to August 31, 2001).

FOSAMAX®
(alendronate sodium tablets)

FOSAMAX is available as a tablet taken **once daily** or as a tablet taken **once weekly**. It is important that you know which tablet your doctor has prescribed and that you take FOSAMAX as directed by your doctor.

Please read this information before you start taking FOSAMAX*. Also, read the information each time you renew your prescription, just in case anything has changed. Remember, this information does not take the place of careful discussions with your doctor. You and your doctor should discuss FOSAMAX when you start taking your medication and at regular checkups.

How should I take FOSAMAX?

FOSAMAX is a tablet to be taken **once daily** or as a tablet to be taken **once weekly**

- If your doctor has prescribed FOSAMAX as a tablet to be taken **once daily**, take FOSAMAX once a day, every day. If you miss a dose, do not take it later in the day. Continue your usual schedule of one tablet once a day the next morning.
- If your doctor has prescribed FOSAMAX as a tablet to be taken **once weekly**, choose the day of the week that best fits your schedule. Every week, take one tablet on your chosen day. If you miss a dose, take only one FOSAMAX **Once Weekly** tablet on the morning after you remember. *Do not take two tablets on the same day.* Return to taking one tablet once a week, as originally scheduled on your chosen day.

Whether your doctor has prescribed FOSAMAX to be taken **once weekly** or **once daily**, these are the important things you must do to help make sure you will benefit from FOSAMAX:

1. **After getting up for the day, and before taking your first food, beverage, or other medication, swallow your FOSAMAX tablet with a full glass (6-8 oz) of plain water only.**
   Not mineral water
   Not coffee or tea
   Not juice
   Do not chew or suck on a tablet of FOSAMAX.
2. **After swallowing your FOSAMAX tablet do not lie down - stay fully upright (sitting, standing, or walking) for at least 30 minutes and do not lie down until after your first food of the day.** This will help the FOSAMAX tablet reach your stomach quickly and help reduce the potential for irritation of your esophagus (the tube that connects your mouth with your stomach).
3. **After swallowing your FOSAMAX tablet, wait at least 30 minutes before taking your first food, beverage, or other medication of the day,** including antacids, calcium supplements and vitamins. FOSAMAX is effective only if taken when your stomach is empty.
4. **Do not take FOSAMAX at bedtime or before getting up for the day.**
5. **If you have difficulty or pain upon swallowing, chest pain, or new or worsening heartburn, stop taking FOSAMAX and call your doctor.**
6. It is important that you continue taking FOSAMAX for as long as your doctor prescribes it. FOSAMAX can treat your osteoporosis or help you from getting osteoporosis only if you continue to take it.

What is FOSAMAX?

FOSAMAX Once Daily and **Once Weekly** can be used to:

- **Treat or prevent osteoporosis (thinning of bone) in women after menopause, and reduce their chance of having a hip or spinal fracture**
- **Increase bone mass in men with osteoporosis**

FOSAMAX Once Daily is also for the treatment of **osteoporosis** in both men and women receiving **corticosteroid medications** (for example, prednisone).

You will find more information about osteoporosis at the end of this summary.

How does FOSAMAX work?

FOSAMAX works by

- Reducing the activity of the cells that cause bone loss
- Decreasing the faster rate of bone loss that occurs after menopause or with use of corticosteroid medications
- Increasing the amount of bone in most patients

These effects are seen as soon as three months after therapy with FOSAMAX has begun. These effects continue as long as you keep taking FOSAMAX. The density of bone is maintained or increased and the bone is less likely to fracture.

Who should not take FOSAMAX?

Patients with:

- Certain disorders of the esophagus (the tube that connects your mouth with your stomach)
- Inability to stand or sit upright for at least 30 minutes
- Low levels of calcium in their blood
- Severe kidney disease
- Allergy to FOSAMAX

Patients who are:

- Pregnant or nursing
  If you are pregnant or nursing, you should not be taking FOSAMAX. Talk to your doctor.

What other medical problems should I discuss with my doctor?

Talk to your doctor about any:

- Problems with swallowing
- Stomach or digestive problems
- Other medical problems you have or have had in the past

What are the possible side effects of FOSAMAX?

Some patients may develop severe digestive reactions including irritation, inflammation or ulceration (occasionally severe and/or with bleeding) of the esophagus (the tube that connects your mouth with your stomach). These reactions can cause chest pain, heartburn or difficulty or pain upon swallowing. This may occur especially if patients do not drink a full glass of water with FOSAMAX and/or if they lie down in less than 30 minutes or before their first food of the day. Esophageal reactions may worsen if patients continue to take FOSAMAX after developing symptoms suggesting irritation of the esophagus.

Like all prescription drugs, FOSAMAX may cause side effects. Side effects usually have been mild. They generally have not caused patients to stop taking FOSAMAX. Some patients treated with FOSAMAX experienced abdominal (stomach) pain. This is the most commonly reported side effect. Less frequently reported side effects are:

Nausea, heartburn, irritation or pain of the esophagus (the tube that connects your mouth with your stomach), vomiting, difficulty swallowing, a full or bloated feeling in the stomach, constipation, diarrhea, black and/or bloody stools, stomach or other peptic ulcers (some severe), and gas.

Bone, muscle or joint pain, headache, or an altered sense of taste were also experienced by some patients. Rarely, a rash (occasionally made worse by sunlight) or eye pain have occurred. Allergic reactions such as hives or, rarely, swelling of the face, lips, tongue and/or throat which may cause difficulty in breathing or swallowing have also been reported. Mouth ulcers have occurred when the tablet was chewed or dissolved in the mouth. Anytime you have a medical problem you think may be related to FOSAMAX, talk to your doctor.

What should I know about osteoporosis?

Normally your bones are being rebuilt all the time. First, old bone is removed (resorbed). Then a similar amount of new bone is formed. This balanced process keeps your skeleton healthy and strong.

Osteoporosis is a thinning and weakening of the bones. It is common in women after menopause and may also occur in men. Osteoporosis often occurs in women several years after the menopause, which happens when the ovaries stop producing the female hormone estrogen or are removed (which may occur, for example, at the time of a hysterectomy). After menopause, bone is removed faster than it is formed, so bone loss occurs and bones become weaker.

Osteoporosis can also occur in men due to several causes, including aging and/or a low level of the male hormone testosterone. It may also be caused by certain medications called corticosteroids in both men and women. In all instances of osteoporosis, bone is removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy.

At the start osteoporosis usually has no symptoms. It can result in fractures (broken bones). Fractures usually cause pain. Fractures of the bones of the spine may be painful, but over time they cause height loss. Eventually the spine becomes curved and the body becomes bent over. Fractures may happen during normal, everyday activity, such as lifting, or from minor injury that would normally not cause bone to break. Fractures most often occur at the hip, spine, or wrist. This can lead to pain, severe disability, or loss of mobility.

Osteoporosis in men and women caused by corticosteroids

Corticosteroids can cause bone to be removed faster than it is formed, so bone loss occurs and bones become weaker. Therefore, maintaining bone mass is important to keep your bones healthy. It is important to take your corticosteroid medication as recommended by your doctor.

How can osteoporosis be treated or prevented?

- **Medication.**
  FOSAMAX acts specifically on your bones. FOSAMAX is not a hormone and does not have the benefits and risks of estrogen (hormone replacement therapy in postmenopausal women) elsewhere in your [illegible]
- **Lifestyle changes.**
  In addition to FOSAMAX, your doctor may recommend one or more of the following lifestyle changes:
  - **Stop smoking.** Smoking appears to increase the risk of osteoporosis.
  - **Reduce the use of alcohol.** Too much alcohol appears to increase the risk of osteoporosis and injuries that may cause fractures.
  - **Exercise regularly.** Like muscles, bones need exercise to stay strong and healthy. Exercise can be safe to prevent injuries including fractures. You should consult your doctor before you begin any exercise program.
  - **Eat a balanced diet.** Adequate dietary calcium is important. Your doctor can advise you whether you need to change your diet or take any dietary supplements such as calcium or vitamin D.

This medication is prescribed for a particular condition. Do not use it for another condition or give the drug to others. Keep FOSAMAX and all medicines out of the reach of children. If you suspect that more than the prescribed dose of this medicine has been taken, drink a full glass of milk and contact your local poison control center or emergency room immediately. Do not induce vomiting. Do not lie down.

This provides a summary of information about FOSAMAX. If you have any questions or concerns about either FOSAMAX or osteoporosis, talk to your doctor. In addition, talk to your pharmacist or other health care provider.

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To help you choose a physician with confidence, we asked Castle Connolly, the publisher of the consumer guide *America's Top Doctors*, to develop this directory of the nation's top doctors in three women's-health fields: obstetrics/gynecology, gynecological oncology and breast-cancer specialists. Castle Connolly's team of physicians and researchers follows a rigorous screening process to select the nation's top doctors. Using mail and telephone surveys, electronic ballots and other research, they ask area physicians to identify highly skilled, exceptional doctors. Careful screening of doctors' educational and professional experience is essential before the final selection is made among those physicians most highly regarded by their peers. So clip this and save: Their list could be your lifesaver.



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Akinori Adachi, M.D.
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Hospital: Montefiore Medical Center

Emily Baker, M.D.
Lebanon, NH; 603-650-8370.
Hospital: Dartmouth–Hitchcock Medical Center

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New York, NY; 212-305-5899.
Hospital: New York Presbyterian Hospital–Columbia Presbyterian

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New York, NY; 212-241-5681.
Hospital: Mount Sinai Hospital

Michael Y. Divon, M.D.
New York, NY; 212-434-2160.
Hospital: Lenox Hill Hospital

Nathan Dor, M.D.
Brooklyn, NY; 718-853-1535.
Hospital: Maimonides Medical Center

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Hospital: MCP Hahnemann University Hospital

Neil Jackson, M.D.
Providence, RI; 401-453-7560.
Hospital: Women & Infants Hospital–Rhode Island

Jessica Jacob, M.D.
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Hospital: North Shore University Hospital at Manhasset

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Hospital: Kent General Hospital

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Hospital: Magee Women's Hospital

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Hospital: Cleveland Clinic Foundation

Frank Robert Witter, M.D.
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Hospital: Cleveland Clinic Foundatio

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Hospital: New York Presbyterian Hospital–New York Weill Cornell

John Carlson, M.D.
Philadelphia, PA; 215-955-6200.
Hospital: Thomas Jefferson University Hospital

Eva Chalas, M.D.
Smithtown, NY; 631-864-5440.
Hospital: University Hospital & Medical Center at Stony Brook

Linus Chuang, M.D.
Hawthorne, NY; 914-347-4150.



ade the commitment for myself, but it's also for my family. wife and my two beautiful daughters – they're everything ll I have to do is look at them, any one of them, and I find trength, all the reason, all the determination I need to take are of myself.

ating better, exercising more. But that still wasn't enough. octor added *Avandia*. It makes my body more responsive n natural insulin, so I can control my blood sugar more ly.

lly, with the help of *Avandia*, I'm controlling my type 2 , instead of the other way around. And while not dy gets the same results, I've been able to keep my blood wn for just about a year now. That's the strength of doing ght."

along with diet and exercise, helps improve blood sugar t may be prescribed alone, with Glucophage® (metformin ets) or with sulfonylureas. When taking *Avandia* with ylurea, you may be at risk for low blood sugar. Ask your doctor whether you need to lower your sulfonylurea dosage.

Some people may experience tiredness, weight gain or swelling with *Avandia*.

Avandia in combination with insulin may increase the risk of serious heart problems. Because of this, talk to your doctor before using *Avandia* and insulin together. *Avandia* may cause fluid retention, or swelling, which could lead to or worsen heart failure, so tell your doctor if you have a history of these conditions. If you experience an unusually rapid increase in weight, swelling or shortness of breath while taking *Avandia*, talk to your doctor immediately. *Avandia* is not for everyone. If you have severe heart failure or active liver disease, *Avandia* is not recommended.

Also, blood tests to check for serious liver problems should be conducted before and during *Avandia* therapy. Tell your doctor if you have liver disease, or if you experience unexplained tiredness, stomach problems, dark urine or yellowing of the skin while taking *Avandia*. See important patient information on the following page.

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Patient Information about AVANDIA® (rosiglitazone maleate) 2 mg, 4 mg, and 8 mg Tablets

What is *Avandia*?
Avandia is one product in a class of prescription drugs called thiazolidinediones (thigh-a-zol-a-deen-die-owns) or TZDs. It is used to treat type 2 diabetes by helping the body use the insulin that it is already making. *Avandia* comes as pills that can be taken either once a day or twice a day to help improve blood sugar levels.

How does *Avandia* treat type 2 diabetes?
If you have type 2 diabetes, your body probably still produces insulin but it is not able to use the insulin efficiently. Insulin is needed to allow sugar to be carried from the bloodstream into many cells of the body for energy. If insulin is not being used correctly, sugar does not enter the cells very well and builds up in the blood. If not controlled, the high blood sugar level can lead to serious medical problems, including kidney damage, blindness and amputation.

Avandia helps your body use insulin by making the cells more sensitive to insulin so that the sugar can enter the cell.

How quickly will *Avandia* begin to work?
Avandia begins to reduce blood sugar levels within 2 weeks. However, since *Avandia* works to address an important underlying cause of type 2 diabetes, insulin resistance, it may take 8 to 12 weeks to see the full effect. If you do not respond adequately to your starting dose of *Avandia*, your physician may increase your daily dose to improve your blood sugar control.

How should I take *Avandia*?
Your doctor may tell you to take *Avandia* once a day or twice a day (in the morning and evening). It can be taken with or without meals. Food does not affect how *Avandia* works. To help you remember to take *Avandia*, you may want to take it at the same time every day.

What if I miss a dose?
If your doctor has prescribed *Avandia* for use once a day:

- As soon as you remember your missed dose, take one tablet anytime during the day.
- If you forget and go a whole day without taking a dose, don't try to make it up by adding another dose on the following day. Forget about the missed dose and simply follow your normal schedule.

If your doctor has prescribed *Avandia* for use twice a day:

- As soon as you remember the missed dose, take one tablet.
- Take the next dose at the normal time on the same day.
- Don't try to make up a missed dose from the day before.
- You should never take three doses on any single day in order to make up for a missed dose the day before.

Do I need to test my blood for sugar while using *Avandia*?
Yes, you should follow your doctor's instructions about your at-home testing schedule.

Does *Avandia* cure type 2 diabetes?
Currently there is no cure for diabetes. The only way to avoid the effects of diabetes is to maintain good blood sugar control by following your doctor's advice for diet, exercise, weight control, and medication. *Avandia*, alone or in combination with other antidiabetic drugs (i.e., sulfonylureas or metformin), may help increase other efforts by helping your body make better use of the insulin it already produces.

Can I take *Avandia* with other medications?
Avandia has been taken safely by people using other m cations, including other antidiabetic medications, control pills, warfarin (a blood thinner), Zantac® (raniti an antiulcer product from GlaxoSmithKline), certain H medications, and some cholesterol-lowering products. should discuss with your doctor the most appropriate for you. If you are taking prescription or over-the-cou products for your diabetes or for conditions other diabetes, be sure to tell your doctor. Sometimes a pa who is taking two antidiabetic medications each day become irritable, lightheaded or excessively tired. Tell doctor if this occurs; your blood sugar levels may be d ping too low, and the dose of your medication may nee be reduced.

What should I discuss with my doctor before ta *Avandia*?
Avandia in combination with insulin may increase the ri serious heart problems. Because of this, talk to your do before using *Avandia* and insulin together. *Avandia* cause fluid retention or swelling which could lead t worsen heart failure, so tell your doctor if you have a hi of these conditions. You should also talk to your doc you have liver problems, or if you are nursing, pregna thinking of becoming pregnant. If you are a premenopa woman who is not ovulating, you should know that *Ava* therapy may result in the resumption of ovulation, which increase your chances of becoming pregnant. There you may need to consider birth control options.

What are the possible side effects of *Avandia*?
Avandia was generally well tolerated in clinical trials. most common side effects reported by people ta *Avandia* were upper respiratory infection (cold-like s toms) and headache. As with most other diabetes me tions, you may experience an increase in weight. You also experience edema (swelling) and/or anemia (ness). If you experience any swelling of your extrem (e.g., legs, ankles) or tiredness, notify your doctor. T your doctor immediately if you experience edema, s ness of breath, an unusually rapid increase in weig other symptoms of heart failure.

Who should not use *Avandia*?
You should not take *Avandia* if you are in the later stag heart failure or if you have active liver disease. The fo ing people should also not take *Avandia*: People with 1 diabetes, people who experienced yellowing of the with Rezulin® (troglitazone, Parke-Davis), people wh allergic to *Avandia* or any of its components and p with diabetic ketoacidosis.

Why are laboratory tests recommended?
Your doctor may conduct blood tests to measure your sugar control. Blood tests to check for serious liver lems should be conducted before starting *Avandia*, e months during the first year, and periodically thereafte

It is important that you call your doctor immediately experience unexplained symptoms of nausea, vo stomach pain, tiredness, anorexia, dark urine, or yellow the skin.

How should I store *Avandia*?
Avandia should be stored at room temperature in a proof container out of the reach of children. Store *A* in its original container.

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Larry James Copeland, M.D.
Columbus, OH; 614-293-8697.
Hospital: Arthur G. James Cancer Hospital & Research Institute

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Hospital: Dartmouth–Hitchcock Medical Center

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Hospital: Massachusetts General Hospital

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Hospital: St. Luke's–Roosevelt Hospital

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New Haven, CT; 203-785-4014.
Hospital: Yale–New Haven Hospital

Hector Tarraza, M.D.
Portland, ME; 207-761-0125.
Hospital: Maine Medical Center

Robert C. Wallach, M.D.
New York, NY; 212-666-5566.
Hospital: NYU Medical Center

Breast Specialists

(includes oncologists, radiologists, surgeons and reconstructive and plastic surgeons who specialize in treating breast cancer)

Antonio Alfonso, M.D.
Brooklyn, NY; 718-875-3244.
Hospital: Long Island College Hospital
Specialty: Surgery

Karen Antman, M.D.
New York, NY; 212-305-8602.
Hospital: New York Presbyterian Hospital–Columbia Presbyterian
Specialty: Medical Oncology

Lamberto Arellano, M.D.
Dover, DE; 302-734-3537.
Hospital: Bayhealth Medical Center at Kent General Hospital
Specialty: Medical Oncology

Alan B. Astrow, M.D.
New York, NY; 212-604-6014.
Hospital: Saint Vincent Catholic Medical Centers–Manhattan
Specialty: Medical Oncology

Deborah Axelrod, M.D.
New York, NY; 212-604-6004.
Hospital: Saint Vincent Catholic Medical Centers–Manhattan
Specialty: Surgery

Anthony M. Berson, M.D.
New York, NY; 212-604-6081.
Hospital: Saint Vincent Catholic Medical Centers–Manhattan
Specialty: Radiation Oncology

John C. Brown, M.D.
New York, NY; 212-529-9100.
Hospital: Beth Israel Medical Center–Milton & Caroll Petrie
Specialty: Medical Oncology

Louis P. Bucky, M.D.
Philadelphia, PA; 215-829-6320.
Hospital: Pennsylvania Hospital
Specialty: Plastic Surgery

Blake Cady, M.D.
Providence, RI; 401-453-7540.
Hospital: Women & Infants Hospital–Rhode Island
Specialty: Surgery

When to get a **second opinion**

Every patient is entitled to a second opinion, and it's absolutely essential in certain situations. In fact, some insurance companies require second opinions—especially when it comes to elective surgery. Check your policy before getting one. For an unbiased second opinion, be sure that it comes from a physician outside your doctor's practice or hospital. And while you'll want to bring a copy of your medical records and test results to the second doctor, consumer advocates recommend not revealing the first doctor's recommendation up front. That way, the second doctor won't be influenced by the first. Visit another physician in the following circumstances:



• **Your doctor recommends surgery.** If the second doctor advises that you have the same operation, you may be able to proceed with confidence. If a different procedure is recommended, or if the doctor advises against surgery, you'll know there are alternatives.

• **You're questioning the information your doctor has given you.** If you're uncomfortable with your physician's recommendation, see another doctor.

• **You're diagnosed with a life-threatening medical condition**, such as breast cancer. It's very important to make sure your diagnosis is accurate, because it will dictate your treatment. If you've had a biopsy and there's any question about it, get a second pathology opinion. Be sure the tissue sample is sent to a major cancer center.

• **You've been advised to have drastic treatment when less radical procedures exist.** For instance, if you've been diagnosed with uterine fibroids and your doctor recommends a hysterectomy and doesn't discuss less radical treatments such as myomectomy, surgery to remove just the fibroids, see another specialist.

• **Your doctor advises long-term medical treatment**, such as hormone replacement therapy or cholesterol-lowering drugs. Every drug has side effects. Plus, you may be able to achieve similar results with simple lifestyle changes.

• **Your doctor is recommending a controversial or risky treatment.** You want the procedure to be effective, and you want your doctor to be experienced in performing it.

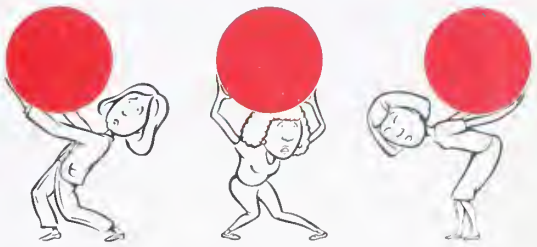
• **Your doctor doesn't know what's wrong with you.**

• **Your medical treatment isn't working.** Perhaps the diagnosis was incorrect. *—Deborah Pike Olsen*

SOURCES: Maryann Napoli, associate director, The Center for Medical Consumers, New York City; William H. Parker, M.D., author of "A Gynecologist's Second Opinion" (Penguin Plume, 1996) and a clinical professor of obstetrics and gynecology at the University of California at Los Angeles; "The Gynecological Sourcebook" (McGraw-Hill–NTC, 1999)

Heavy Periods

n Control Your Life





Or You Can Control Them

A simple 30-minute treatment can relieve the problem of difficult-to-manage, heavy periods

Menorrhagia (men-or-ah-jza) is defined as excessive menstrual bleeding. More than 1 in 5 women around the world suffer with it. Yet, half of the women in the United States who experience menorrhagia don't seek treatment. Perhaps that's because they don't know about a simple treatment that has been proven to reduce their menstrual flow by 86% on average.

GYNECARE THERMACHOICE UTERINE BALLOON THERAPY treats the lining of the uterus. Studies show that it is a safe and effective treatment for an overwhelming majority of women. In fact, 96% of women remain satisfied with the results from the therapy after 3 years. It is a one-time treatment that only takes 30 minutes and requires no hospital stay. And, in most cases, women return to work or family commitments the next day. THERMACHOICE is only intended for women with no plans for pregnancy and like all medical procedures involves risks. Ask your doctor if this treatment option is right for you.

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A Jewel to Treasure Forever

The beauty of butterflies captured by artist Lena Li





Raised-relief butterflies on the sides shimmer with opalescent glaze

Delicate butterflies are treasured for their timeless grace and joyful flight. Their ethereal beauty has been an inspiration to countless artists who have attempted to capture this fragile grace. Now acclaimed artist Lena Liu succeeds—with masterpiece artwork on a delicate new music box that captures the look of silken butterfly wings.

Crafted of lustrous, hand-underglazed *Heirloom Porcelain* and lavished with 22K gold, "Enchanted Wings" plays the moving melody of "Wind Beneath My Wings." The sides of the box feature raised-relief butterflies set with Bavarian glass gems. The wings are glazed in pastel and opalescent tones. The heartfelt message "You are a Special Treasure to Cherish Forever" appears underneath the music box lid in golden script.

Urgent Notification: Availability Is Strictly Limited. **Time-intensive hand-crafting may restrict availability. The enduring popularity of Lena Liu's exquisite artwork means strong demand is expected. So order now, and be one of the select group to get this music box at only $29.95 (plus shipping), backed by our 365-day guarantee. *Your prompt response is critical.* Send no money now. Just complete and mail the coupon.**

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When your Pap smear is positive

About 3 to 5 percent of women experience an abnormal Pap smear—a test for cervical cancer—at some point in their lives. Cervical cancer is the most unlikely cause; in fact, everything from a yeast infection to the human papillomavirus (HPV), a sexually transmitted disease, can result in an abnormal Pap smear. Here are possible reasons for an abnormal Pap smear and the latest treatments: *—D.P.O.*

Type of abnormality:	What it means:	Treatment:
Atypical squamous cells of unknown significance (ASCUS)	Your Pap smear wasn't completely normal, but did not meet diagnostic criteria for a lesion.	Your doctor has three options: repeat your Pap test in three to six months, test you for HPV or perform a colposcopy, a visual inspection of the cervix.
Low-grade squamous intraepithelial lesion (LSIL)	You have a precancerous lesion caused by HPV.	More than half of these lesions disappear on their own within 24 months. Still, your doctor should perform a colposcopy.
High-grade squamous intraepithelial lesion (HSIL)	You have a more serious precancerous lesion caused by HPV.	Your doctor will remove tissue or destroy the abnormal cells. A biopsy is taken to rule out cancer. This treatment is typically effective.
Atypical glandular cells	You may have a precancerous condition or cancer of the cervix or uterus. This represents less than 10% of abnormal Pap smears.	A colposcopy is performed, and a biopsy is taken. In premenopausal women with a negative biopsy, Pap smears are repeated every three months.
Adenocarcinoma	You have cervical cancer.	In early stages, removal of cervix and possibly uterus; for advanced cancers, removal of both, plus radiation.

Sources: Richard Barakat, M.D., [illegible] Memorial Sloan-Kettering Cancer Center, New York City, and [illegible] Cancer Screening Program, Johns Hopkins Med[illegible]s.

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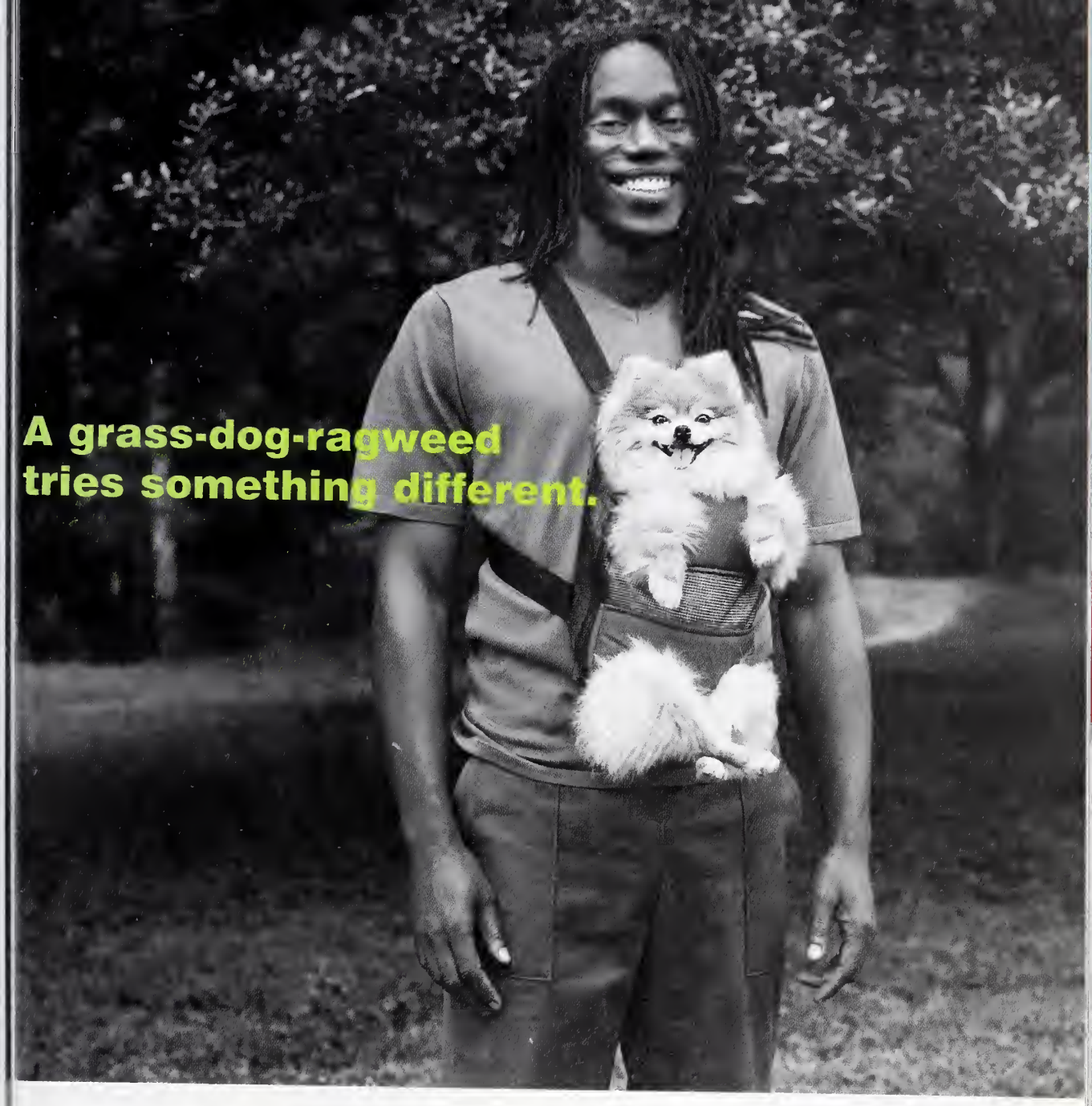
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Ask your doctor about a free sample of Zyrtec, or for more information call 1-800-ZYRTEC-2.

In Zyrtec studies, side effects were mild or moderate and included drowsiness, fatigue and dry mouth. Drowsiness occurred in between 11% and 14% depending on dose, compared to 6% taking placebo.

ZYRTEC
cetirizine HCl

Lots of allergies. Just one Zyrtec.™

see important information about Zyrtec 5-mg and 10-mg tablets and 1-mg/mL syrup on the adjacent page.

PATIENT SUMMARY OF INFORMATION ABOUT

ZYRTEC®

cetirizine hydrochloride

(Zur'-tek) (se-teer-i-zeen) (hī-drō-klōr-īd)

This summary contains important information about ZYRTEC. It is not meant to take the place of your doctor's instructions. Read this information carefully before you start taking ZYRTEC. Each time you fill your prescription, be sure to read the summary that comes with it. It could contain new information. Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about ZYRTEC.

What Is ZYRTEC?

ZYRTEC is a prescription medicine for certain types of allergies in adults and children age 2 years and older. It is an antihistamine and is available as a tablet or syrup.

When you have allergies, your body releases a natural chemical called histamine that causes the sneezing, runny nose, hives, and other symptoms of allergies. ZYRTEC helps block histamine from causing these symptoms. ZYRTEC treats:

Seasonal allergies ("outdoor allergies")
During certain times of the year, there may be high levels of pollens in the air from ragweed, grass and trees. A person allergic to any of these may develop sneezing; itchy, runny nose; and red, itchy watery eyes.

Perennial allergies ("indoor allergies")
All year long, things such as dust mites, animal dander, and molds are in the air. A person allergic to any of these may have symptoms every day such as sneezing; itchy, runny nose; postnasal drip (dripping from the nose down the back of the throat); and red, itchy eyes and tearing.

Continuing (chronic) hives
Some people may get red, itchy humps on their skin called hives. The bumps can be small or large. The cause of this type of hives is not always known. ZYRTEC helps relieve the itching of these hives and shortens the length of time they last.

What Should I Tell My Doctor Before Taking ZYRTEC?

Only your doctor can decide if ZYRTEC is right for you. Before you start ZYRTEC, be sure to tell your doctor if you:

- are taking any prescription medicines
- are taking any over-the-counter medicines you can buy without a prescription, including natural/herbal remedies
- have ever had any kidney problems or are on dialysis
- have ever had any liver problems
- are pregnant, think you might be pregnant, plan to become pregnant, or are breast-feeding
- have ever had an allergic reaction to any medicine

Who Should Not Take ZYRTEC?

People who have ever had an allergic reaction to cetirizine or any of the ingredients in ZYRTEC, or to the medicine hydroxyzine (also called Atarax®*) should not take ZYRTEC. Your doctor or pharmacist can give you a list of these ingredients.

ZYRTEC And Other Medicines

Some medicines can affect how well ZYRTEC works. While on ZYRTEC, check with your doctor or pharmacist before starting any new prescription or any medicines you can buy without a prescription, including natural/herbal remedies.

How Do I Take ZYRTEC?

ZYRTEC comes as tablets (5 mg or 10 mg) as well as a syrup (5 mg/teaspoon). ZYRTEC can be taken with or without food at any time of the day. Your doctor will prescribe the dose that is right for you.

ZYRTEC Tablets
Adults and Children 12 Years and Older: Take ZYRTEC once a day.

ZYRTEC Syrup
Use a medicine spoon to measure the exact dose of ZYRTEC syrup prescribed by your doctor.
Children 6 to 11 Years: Give ZYRTEC syrup once a day.
Children 2 to 5 Years: Depending on your child's condition, the doctor may want you to give the child the full dose once a day or half the dose twice a day. Follow your doctor's instructions.

What Are The Possible Side Effects?

Like all medicines, ZYRTEC may cause some side effects. These effects are usually mild to moderate. The most common side effects in adults and children 12 years and older are:

- feeling tired or sleepy
- dizziness
- dry mouth
- sore throat

Children under the age of 12 years may have side effects such as headache, sleepiness, sore throat or stomach pain.

ZYRTEC may cause other less common side effects besides those listed here. If you want more information or discuss any side effects or symptoms you are concerned about, call your doctor.

CAUTION: Some people may feel sleepy when taking ZYRTEC. Be careful doing things where you need to be alert (such as driving a car or using dangerous machinery). Do not drink alcohol or use other medicines that make you sleepy while taking ZYRTEC.

What To Do For An Overdose?

In case of accidental overdose, contact a poison control center right away or go to the nearest emergency room.

How Should I Store ZYRTEC?

Store ZYRTEC tablets at room temperature (59°-86°F or 15°-30°C). ZYRTEC syrup should be stored at room temperature (41°-86°F or 5°-30°C). Keep ZYRTEC out of the reach of children.

For More Information About ZYRTEC

This sheet is only a summary about ZYRTEC. If you have questions about ZYRTEC, talk with your doctor, healthcare professional, or pharmacist. You can also visit the ZYRTEC Internet site at www.zyrtec.com or call 1-888-[illegible].

General Advice About Prescription Medicines

Do not use ZYRTEC for a condition for which it was not prescribed. Do not give your ZYRTEC to others, even if they have the same condition you have. It may harm them. You can ask your doctor or pharmacist for information about ZYRTEC that is written for health professionals.

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- **Beige Cuivre Lipstick** (0.12 fl.oz.)
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- **9 Age-Defying Day Cream** (0.5 fl.oz.)
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A breast-cancer patient's **bill of rights**

You may feel vulnerable, but you must stand up for yourself to get the best medical care. Here are some tips from Sara Collina, senior policy analyst at the National Breast Cancer Coalition, a patient-advocacy group in Washington, D.C., and Susan Love, M.D., an adjunct professor at the University of California at Los Angeles and author of *Dr. Susan Love's Breast Book* (Perseus Publishing, 2000). You have a right to:

A diagnosis within a week of a suspicious mammogram and biopsy. You'll want a quick diagnosis to allay your anxiety.

A prompt referral (within three days) by your family doctor to a breast specialist or team specializing in breast cancer.

A breast specialist with whom you feel comfortable. You may feel that you don't have time to find a good caregiver, but most breast cancers are slow-growing, says Love. Ask your family doctor if there is anything about your diagnosis that would prevent you from taking the time to find a good specialist.



A specific diagnosis. You know you have breast cancer, but you need to know its attributes. Is it estrogen dependent? How many lymph nodes are involved? What stage is the cancer? The answers to these questions will dictate your treatment.

A second opinion. Mistakes can be made, so you'll want to confirm the details of your diagnosis. Be sure to have your biopsy slides sent to a pathologist (preferably one who specializes in analyzing breast tissue) at a different institution. In addition, you'll probably want a second opinion when it comes to deciding on your treatment.

A copy of your medical records, including your pathology report. You'll need them to obtain a second opinion and for your own files. Most states allow consumers access to their records, but you may be charged a small fee. *(continued on page 146)*

Hospital: Sentara Virginia Beach General Hospital

Stanley John Filip, M.D.
Durham, NC; 919-684-9696.
Hospital: Duke University Medical Center

William David Hager, M.D.
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Hospital: Central Baptist Hospital

Linda S. Morgan, M.D.
Gainesville, FL; 352-392-4161.
Hospital: Shands Healthcare at the University of Florida

Jaime Pablo Nahmias, M.D.
Miami, FL; 305-585-5160. Hospital: University of Miami Hospital & Clinics

John Francis Steege, M.D.
Chapel Hill, NC; 919-966-7764.
Hospital: University of North Carolina Hospitals

Paul Underwood, M.D.
Charleston, SC; 843-792-5300.
Hospital: Medical University Hospital Authority

Gynecologic Oncology

Andrew Berchuck, M.D.
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Hospital: Duke University Medical Center

Wesley C. Fowler, Jr., M.D.
Chapel Hill, NC; 919-966-1196.
Hospital: University of North Carolina Hospitals

William Hoskins, M.D.
Savannah, GA; 912-350-3071.
Hospital: Memorial Health Medical Center–Savannah

Howard Wilbur Jones III, M.D.
Nashville, TN; 615-322-2114.
Hospital: Vanderbilt University Medical Center

Matthew Kohler, M.D.
Charleston, SC; 843-792-8176.
Hospital: Medical University of South Carolina

Edward E. Partridge, M.D.
Birmingham, AL; 205-934-4986.
Hospital: University of Alabama Hospital at Birmingham

Andrew Soisson, M.D.
Morgantown, WV; 304-293-3141.
Hospital: West Virginia University Hospital–Ruby Memorial

Peyton T. Taylor, Jr., M.D.
Charlottesville, VA; 434-924-9933.
Hospital: University of Virginia Health Systems

John R. van Nagell, M.D.
Lexington, KY; 859-323-5553.
Hospital: University of Kentucky Medical Center

Breast Specialists

(includes oncologists, radiologists, surgeons and reconstructive and plastic surgeons who specialize in treating breast cancer)

Lodovico Balducci, M.D.
Tampa, FL; 813-979-3822.
Hospital: H. Lee Moffitt Cancer Center & Research Institute
Specialty: Medical Oncology

Robert Daniel Beauchamp, M.D.
Nashville, TN; 615-322-2363.
Hospital: Vanderbilt University Medical Center
Specialty: Surgery

Kirby I. Bland, M.D.
Birmingham, AL; 205- 975-5000.
Hospital: University of Alabama Hospital at Birmingham
Specialty: Surgery

Edward M. Copeland III, M.D.
Gainesville, FL; 352-265-0622.
Hospital: Shands Healthcare at the University of Florida
Specialty: Surgery

Carolyn Ruth Black Ferree, M.D.
Winston Salem, NC; 336-716-4981.
Hospital: Wake Forest University Baptist Medical Center
Specialty: Radiation Oncology

R. Jobe Fix, M.D.
Birmingham, AL; 205-934-3358.
Hospital: University of Alabama Hospital at Birmingham
Specialty: Plastic Surgery

Gregory Georgiade, M.D.
Durham, NC; 919-684-3039.
Hospital: Duke University Medical Center
Specialty: Plastic Surgery

Mark L. Graham, M.D.
Cary, NC; 919-859-6631. Hospital: Western Wake Medical Center
Specialty: Medical Oncology

Harvey M. Greenberg, M.D.
Tampa, FL; 813-972-8424.
Hospital: H. Lee Moffitt Cancer Center & Research Institute
Specialty: Radiation Oncology

Kenneth Hande, M.D.
Nashville, TN; 615-322-4967.
Hospital: Vanderbilt University

LONG WITH ALL THE GREAT MEMORIES HAS COME SOMETHING I THOUGHT
D NEVER EXPERIENCE—THE PAIN OF OSTEOARTHRITIS."

—DOROTHY HAMILL



YOUR RESULTS MAY VARY.

VIOXX IS HERE. 24-HOUR RELIEF OF THE MOST COMMON TYPE OF ARTHRITIS PAIN, OSTEOARTHRITIS.

It isn't about going for a medal. Or feeling like a kid again. It's about controlling the pain that can keep you from doing everyday things. And VIOXX may help. VIOXX is a prescription medicine for osteoarthritis, the most common type of arthritis.

ONE PILL—ALL DAY AND ALL NIGHT RELIEF.

You take VIOXX only once a day. Just one little pill can relieve your pain all day and all night for a full 24 hours.

VIOXX EFFECTIVELY REDUCED PAIN AND STIFFNESS.

In clinical studies, once-daily VIOXX effectively reduced pain and stiffness. So VIOXX can help make it easier for you to do the things you want to do. Like going for a morning glide on the ice.

TAKE WITH OR WITHOUT FOOD.

VIOXX doesn't need to be taken with food. So, you don't have to worry about scheduling VIOXX around meals.

IMPORTANT INFORMATION ABOUT VIOXX.

People with allergic reactions, such as asthma, to aspirin or other arthritis medicines should not take VIOXX. In rare cases, serious stomach problems, such as bleeding, can occur without warning.

Tell your doctor if you have liver or kidney problems, or are pregnant. Also, VIOXX should not be used by women in late pregnancy.

VIOXX has been extensively studied in large clinical trials. Commonly reported side effects included upper respiratory infection, diarrhea, nausea and high blood pressure. Report any unusual symptoms to your doctor.

ASK YOUR DOCTOR OR HEALTHCARE PROFESSIONAL ABOUT VIOXX.

Call 1-800-MERCK-30 for more information, or visit **vioxx.com**. Please see important additional information on the next page.

ONCE DAILY

VIOXX®

(rofecoxib)

FOR EVERYDAY VICTORIES.

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Patient Information about
VIOXX® (rofecoxib tablets and oral suspension)
VIOXX® (pronounced "VI-ox")
for Osteoarthritis and Pain
Generic name: rofecoxib ("ro-fa-COX-ib")

You should read this information before you start taking VIOXX*. Also, read the leaflet each time you refill your prescription, in case any information has changed. This leaflet provides only a summary of certain information about VIOXX. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals that contains more complete information. This leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss VIOXX when you start taking your medicine and at regular checkups.

What is VIOXX?

VIOXX is a nonsteroidal anti-inflammatory drug (NSAID) that is used to reduce pain and inflammation (swelling and soreness). VIOXX is available as a tablet or a liquid that you take by mouth.

VIOXX is a medicine for:
- relief of osteoarthritis (the arthritis caused by age-related "wear and tear" on bones and joints)
- management of acute pain in adults (like the short-term pain you can get after a dental or surgical operation)
- treatment of menstrual pain (pain during women's monthly periods).

Who should not take VIOXX?

Do not take VIOXX if you:
- have had an allergic reaction such as asthma attacks, hives, or swelling of the throat and face to aspirin or other NSAIDs (for example, ibuprofen and naproxen).
- have had an allergic reaction to rofecoxib, which is the active ingredient of VIOXX, or to any of its inactive ingredients. (See Inactive Ingredients at the end of this leaflet.)

What should I tell my doctor before and during treatment with VIOXX?

Tell your doctor if you are:
- pregnant or plan to become pregnant. VIOXX should not be used in late pregnancy because it may harm the fetus.
- breast-feeding or plan to breast-feed. It is not known whether VIOXX is passed through to human breast milk and what its effects could be on a nursing child.

Tell your doctor if you have:
- kidney disease
- liver disease
- heart failure
- high blood pressure
- had an allergic reaction to aspirin or other NSAIDs
- had a serious stomach problem in the past.

Tell your doctor about:
- any other medical problems or allergies you have now or have had.
- all medicines that you are taking or plan to take, even those you can get without a prescription.

Tell your doctor if you develop:
- ulcer or bleeding symptoms (for instance, stomach burning or black stools, which are signs of possible stomach bleeding).
- unexplained weight gain or swelling of the feet and/or legs.
- skin rash or allergic reactions. If you have a severe allergic reaction, get medical help right away

How should I take VIOXX?

VIOXX shou[illegible] once a [illegible]. Your doctor will decide what dose of VIOXX you should take and [illegible] you [illegible] take it. You may take VIOXX with or without food.

Can I take VIOXX with [illegible]?

Tell your doctor abou[illegible] taking or plan to take while you are on VIOXX, even [illegible] without a prescription. Your doctor may want to [illegible] working properly together if you are taking other [illegible]
- methotrexate (a m[illegible] system)
- warfarin (a blood [illegible]
- rifampin (an antibio[illegible]
- ACE inhibitors ([illegible] and heart failure)
- lithium (a medicine [illegible])

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What are the possible side effects of VIOXX?

Serious but rare side effects that have been reported in patients taking VI and/or related medicines have included:

- Serious stomach problems, such as stomach and intestinal bleeding, can o with or without warning symptoms. These problems, if severe, could lea hospitalization or death. Although this happens rarely, you should watc signs that you may have this serious side effect and tell your doctor right a
- Serious allergic reactions including swelling of the face, lips, tongue, a throat which may cause difficulty breathing or swallowing and whee occur rarely but may require treatment right away. Severe skin reactions also been reported.
- Serious kidney problems occur rarely, including acute kidney failure worsening of chronic kidney failure.
- Severe liver problems, including hepatitis, jaundice and liver failure, o rarely in patients taking NSAIDs, including VIOXX. Tell your doctor if develop symptoms of liver problems. These include nausea, tiredn itching, tenderness in the right upper abdomen, and flu-like symptoms

In addition, the following side effects have been reported: anxiety, confusion, depres hair loss, hallucinations, increased levels of potassium in the blood, low blood counts, palpitations, pancreatitis, tingling sensation, unusual headache with stiff (aseptic meningitis), vertigo.

More common, but less serious side effects reported with VIOXX included the following:

Upper and/or lower respiratory infection and/or inflammation
Headache
Dizziness
Diarrhea
Nausea and/or vomiting
Heartburn, stomach pain and upset
Swelling of the legs and/or feet
High blood pressure
Back pain
Tiredness
Urinary tract infection.

These side effects were reported in at least 2% of osteoarthritis pa receiving daily doses of VIOXX 12.5 mg to 25 mg in clinical studies.

The side effects described above do not include all of the side effects reporte VIOXX. Do not rely on this leaflet alone for information about side effects doctor or pharmacist can discuss with you a more complete list of side effect time you have a medical problem you think may be related to VIOXX, talk to doctor.

What else can I do to help manage my osteoarthritis pain?

Talk to your doctor about:
- Exercise
- Controlling your weight
- Hot and cold treatments
- Using support devices.

What else should I know about VIOXX?

This leaflet provides a summary of certain information about VIOXX. If yo any questions or concerns about VIOXX, osteoarthritis or pain, talk to your professional. Your pharmacist can give you an additional leaflet that is wri health professionals.

Do not share VIOXX with anyone else; it was prescribed only for you. It sh taken only for the condition for which it was prescribed.

Keep VIOXX and all medicines out of the reach of children.

Inactive Ingredients:

Oral suspension: citric acid (monohydrate), sodium citrate (dihydrate), solution, strawberry flavor, xanthan gum, sodium methylparaben, propylparaben.

Tablets: croscarmellose sodium, hydroxypropyl cellulose, lactose, ma stearate, microcrystalline cellulose, and yellow ferric oxide.

Issued July 2001

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"Li'l Chesty"

He's *always faithful*...to the dream of being a Marine!

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It's a *big dream,* but he's up to it: to someday join "The Few. The Proud. The Marines," just like his Dad, and his Granddad before him. One look at this little "Devil Pup," and it's clear he's already got what it takes! He's hand-painted porcelain by artist Titus Tomescu, dressed in camouflage trousers and a USMC cover (cap). His sweatshirt features the "Semper Fi" motto and "Chesty." And his bulldog pup, "Li'l Chesty," even has his name embroidered on his collar. Celebrate the proud legacy of the Marines with this feisty little guy and his pup for just $79.99 plus shipping and handling. Order today!

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Actual size of doll is 9¾ inches high, seated. Complete with sculpted "Li'l Chesty" bulldog pup and hand-numbered Certificate of Authenticity.

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( )
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*Total price of $86.97 per doll includes $6.98 shipping and handling. Sales tax additional on shipments to Illinois. Please allow 10 to 12 weeks for delivery, pending credit approval. Price is higher in Canada. **76305-D88001**

THE ASHTON-DRAKE GALLERIES
9200 North Maryland Ave., Niles, Illinois 60714-1397

(continued from page 142)

Information about your condition and treatment options in language you understand. If your doctor is having trouble communicating in layman's terms, ask her to recommend books or Web sites that might offer clearer explanations.

Know the scientific evidence behind your doctor's treatment recommendation, and the strength of that evidence. Doctors are often influenced by their peers in the way they treat diseases. For instance, studies have shown that you're more likely to get a mastectomy if you live in the Midwest, says Collina. Yet scientific evidence shows that a lumpectomy with radiation is often equally beneficial.

Information about the benefits and risks of a particular treatment in your case—including the benefits and risks of *not* having the treatment.

Information about clinical trials. Some doctors don't recommend clinical trials to their patients because they don't want to admit that they don't know something about breast cancer, says Collina. Plus, some doctors don't want to lose a patient to a clinical trial for financial reasons. So ask your physician if she knows of any studies you might be eligible for, and check the list of trials at the National Institutes of Health Web site: *www.clinicaltrials.gov*.

A referral to another breast specialist if you're having trouble communicating with your doctor. If you're not happy with your family doctor's referral, ask other breast-cancer patients in your community about their physicians. —*D.P.O.*

Medical Center
Specialty: Medical Oncology

Maria Kelly, M.D.
Charlottesville, VA; 434-982-0777.
Hospital: University of Virginia Health Systems
Specialty: Radiation Oncology

Jerome Landry, M.D.
Atlanta, GA; 404-778-3651.
Hospital: Emory University Hospital
Specialty: Radiation Oncology

Philip Lepanto, M.D.
Huntington, WV; 304-526-1143.
Hospital: St Mary's Hospital
Specialty: Radiation Oncology

Herbert Kim Lyerly, M.D.
Durham, NC; 919-681-8350.
Hospital: Duke University Medical Center
Specialty: Surgery

James W. Lynch, Jr., M.D.
Gainesville, FL; 352-392-3000.
Hospital: Shands Healthcare at the University of Florida
Specialty: Medical Oncology

John McCraw, M.D.
Jackson, MS; 601-984-5073.
Hospital: University Hospital & Clinics–Mississippi
Specialty: Plastic Surgery

Nancy P. Mendenhall, M.D.
Gainesville, FL; 352-265-0287
Hospital: Shands Cancer Center at the University of Florida
Specialty: Radiation Oncology

Frederick Moffat, M.D.
Miami, FL; 305-243-4002
Hospital: University of Miami Hospital & Clinics/Sylvester Comprehensive Cancer Center
Specialty: Surgery

Leonard Prosnitz, M.D.
Durham, NC; 919-668-5640.
Hospital: Duke University Medical Center
Specialty: Radiation Oncology

Julian Rosenman, M.D.
Chapel Hill, NC; 919-966-1101.
Hospital: University of North Carolina Hospitals
Specialty: Radiation Oncology

Maureen Ross, M.D., Ph.D.
Charlottesville, VA; 434-924-1693.
Hospital: University of Virginia Health Systems
Specialty: Medical Oncology

Michael Schwartz, M.D.
Miami Beach, FL; 305-535-3310.
Hospital: Mount Sinai Medical Center
Specialty: Medical Oncology

Jayanthi Srinivasiah, M.D.
Decatur, GA; 404-294-8750.
Hospital: Promina DeKalb Medical Center
Specialty: Medical Oncology

Joel Stone, M.D.
Jacksonville, FL; 904-388-2619.
Hospital: St. Vincent's Medical Center–Jacksonville
Specialty: Medical Oncology

Charles Williams, M.D.
Tallahassee, FL; 850-878-4127.
Hospital: Tallahassee Memorial Regional Medical Center
Specialty: Radiology

William C. Wood, M.D.
Atlanta, GA; 404-727-5800.
Hospital: Emory University Hospital
Specialty: Surgery

Michael R. Zenn, M.D.
Durham, NC; 919-684-2666.
Hospital: Duke University Medical Center
Specialty: Plastic Surgery

Central

Includes: AR, IA, IL, IN, KS, LA, MI, MO, MN, NE, ND, OK, SD, TX, WI

Obstetrics & Gynecology

Alan E. Beer, M.D.
North Chicago, IL; 847-578-3233.
Hospital: Highland Park Hospital

Marvin Buehner, M.D.
Rapid City, SD; 605-343-9224.
Hospital: Rapid City Regional Hospital

Robert Bury, M.D.
Bismarck, ND; 701-530-6000
Hospital: St. Alexius Medical Center

Bruce Carr, M.D.
Dallas, TX; 214-648-2784. Hospital: Zale Lipshy University Hospital

Maureen Fleming, M.D.
Omaha, NE; 402-597-2730. Hospital: St. Joseph's Hospital–Omaha

Rudolph P. Galask, M.D.
Iowa City, IA; 319-353-6323.
Hospital: University of Iowa Hospitals and Clinics

Bernard Gonik, M.D.
Detroit, MI; 313-966-1880. Hospital: Sinai-Grace Hospital–Detroit

Kathleen M. Hogan, M.D.
St. Louis, MO; 314-644-3336.
Hospital: Missouri Baptist Medical Center

Diane Merritt, M.D.
St. Louis, MO; 314-747-1454.
Hospital: Barnes-Jewish Hospital

Gynecologic Oncology

Koen De Geest, M.D.
Chicago, IL; 312-942-6723.
Hospital: Rush Presbyterian–St. Luke's Medical Center

Michael A. Finan, M.D.
New Orleans, LA; 504-842-4165.
Hospital: Ochsner Foundation Hospital

Helen L. Frederickson, M.D.
Rapid City, SD; 605-343-9224.
Hospital: Rapid City Regional Hospital

Geri-Lynn Fromm, M.D.
Houston, TX; 713-665-0404.
Hospital: St. Luke's Episcopal Hospital–Houston

Katherine Y. Look, M.D.
Indianapolis, IN; 317-274-8987.
Hospital: Indiana University Medical Center

Julian C. Schink, M.D.
Madison, WI; 608-263-1209.
Hospital: University of Wisconsin Hospital & Clinics

Steven Waggoner, M.D.
Chicago, IL; 773-702-6722.
Hospital: University of Chicago Hospitals

Maurice James Webb, M.D.
Rochester, MN; 507-266-8683.
Hospital: Mayo Medical Center & Clinic–Rochester

Breast Specialists

(includes oncologists, radiologists, surgeons and reconstructive and plastic surgeons who specialize in treating breast cancer)

Adel S. Al-Jurf, M.D.
Iowa City, IA; 319-356-2068.
Hospital: University of Iowa Hospitals and Clinics
Specialty: Surgery

David L. Bouwman, M.D.

I believe when life throws you a curve,
you just gotta brush it off.



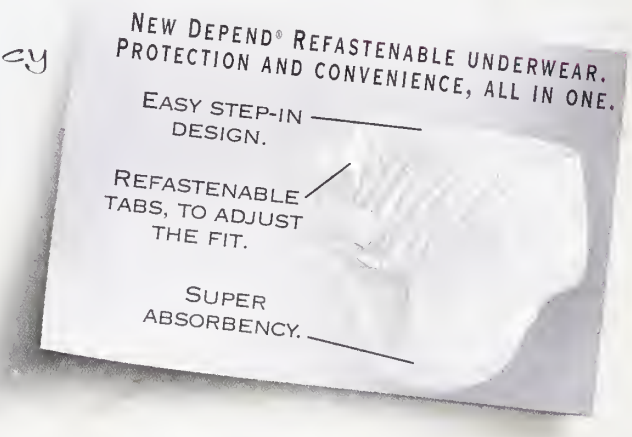
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Detroit, MI; 313-745-8770.
Hospital: Barbara Ann Karmanos Cancer Institute
Specialty: Surgery

Craig Bradley , M.D.
Oak Park, IL; 708-848-7607.
Hospital: Rush Presbyterian–St. Luke's Medical Center
Specialty: Plastic Surgery

Keith Brandt, M.D.
St. Louis, MO; 314-747-0541.
Hospital: Barnes-Jewish Hospital
Specialty: Plastic Surgery

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Specialty: Surgery

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Hospital: University of Kansas Medical Center
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Hospital: University of Iowa Hospitals and Clinics
Specialty: Plastic Surgery

Bruce L. Cunningham, M.D.
Minneapolis, MN; 612-625-1188.
Hospital: Fairview–University Medical Center–University Campus
Specialty: Plastic Surgery

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Hospital: University of Oklahoma Health Science Center
Specialty: Surgery

Timothy J. Eberlein, M.D.
St. Louis, MO; 314-362-8021.
Hospital: Barnes-Jewish Hospital
Specialty: Surgery

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Specialty: Medical Oncology

Sheryl Gabram, M.D.
Maywood, IL; 708-216-8563.
Hospital: Loyola University Health System
Specialty: Surgery

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Springfield, MO; 417-885-0878.
Hospital: St. John's Health Systems
Specialty: Plastic Surgery

Robert J. Goulet, Jr., M.D.
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Hospital: Indiana University Hospital



Specialty: Surgery

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Hospital: Rochester Methodist Hospital
Specialty: Medical Oncology

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Specialty: Radiation Oncology

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Little Rock, AR; 501-686-6504.
Hospital: University of Arkansas for Medical Sciences
Specialty: Surgery

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Ann Arbor, MI; 734-647-8916. Hospital: University of Michigan Health Center
Specialty: Medical Oncology

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Oklahoma City, OK; 405-271-6445.
Hospital: Oklahoma University Medical Center Presbyterian Tower
Specialty: Radiation Oncology

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Chicago, IL; 312-926-9039.
Hospital: Northwestern Memorial Hospital
Specialty: Surgery

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St. Louis, MO; 314-362-7502
Hospital: Barnes-Jewish Hospital
Specialty: Medical Oncology

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Specialty: Surgery

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Chicago, IL; 773-702-6149.
Hospital: University of Chicago Hospitals
Specialty: Medical Oncology

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Houston, TX; 713-798-1600.
Hospital: Baylor College of Medicine
Specialty: Medical Oncology

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Detroit, MI; 313-993-7777. Hospital: Barbara Ann Karmanos Cancer Institute
Specialty: Medical Oncology

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Houston, TX; 713-796-1221.
Hospital: St. Luke's Episcopal Hospital–Houston
Specialty: Medical Oncology

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Hospital: Mayo Medical Center & Clinic–Rochester
Specialty: Radiation Oncology

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Hospital: University of Texas MD Anderson Cancer Center
Specialty: Surgery

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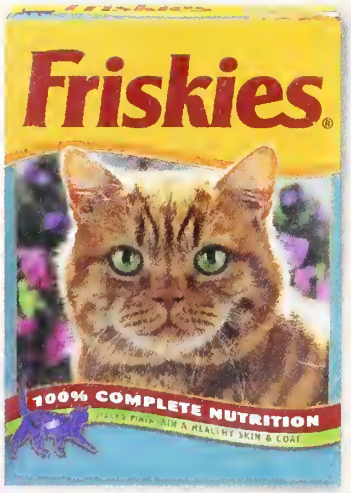
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Hospital: University of Washington Medical Center

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Hospital: Cedars-Sinai Medical Center

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Talk is cheap(er)

Beat these common mistakes, and pay less to use your phone more

By Anne R. Field



Want to know how to tell whether you're really getting high-quality telephone service—or just royally ripped off? Before you sign up for a new plan, ask your phone-company provider a few questions.

For long distance:

☎ **What will I really pay per minute?** The average household uses roughly 120 minutes of long distance a month, says Aurica Yen, a long-distance analyst at the Yankee Group, a consulting firm in Boston—not a whole lot. That's significant, because your main concern should be what you actually pay for each call. If, for example, you're supposed to be charged 5 cents a minute, with a $7.95 monthly charge, but you talk for only 100 minutes in all, then you're really paying 13 cents a minute—no matter what the ads say. But if you use long distance more than average, the fee is less important because it's spread out over more time.

☎ **How much will I pay for intrastate calls?** Price quotes are usually given for interstate calls. But the rate for long-distance calls within a state can be as much as 10 cents more a minute, says Ed Meyercord, president of Talk America, a local and long-distance phone-services provider in Reston, Virginia. It's up to you to figure it out, though. Thanks to a maze of regulations that differ according to state, you could be making a call that you think is local but is really considered long distance. "There's no general rule for the entire country, so it's pretty confusing," says Yen. Ask any potential provider to spell out the details for you.

For cell phones:

☎ **Do I actually need long distance?** About 75 percent of users make all their calls within 25 miles of home, yet 67 percent feel that having national coverage "is important," says Eugene Signorini, wireless analyst with the Yankee Group. The implication: They're signed up for national access when they don't need it. Truth is, the larger the area included, the fewer minutes you'll get. The same thing goes for one-rate plans, the kind that give you a certain number of minutes at the same rate anywhere in the country. Long-distance coverage isn't worth it if most of your calls are in your local area.

☎ **Will this service work during rush hour?** Just because a company says you're covered in a certain area doesn't mean you really are. The quality of service varies from area to area. One carrier, for example, may have a lot of capacity in one corridor but not in another. Or, it may not have enough room to handle all those calls made at 5:30 P.M. from drivers phoning home. Ask friends, neighbors and co-workers what service they use, and if they are happy with the coverage.

☎ **Am I locked in?** Sometimes your circumstances change after you sign up for a plan—say, you change jobs or want to add a phone for your teenager to your plan—and you need different coverage. Some carriers won't let you switch without charging you extra. Or they may make you wait until the contract is up. "If you're a month into your agreement, they may say you have to add another twelve months to the contract," says Allan Keiter, president of MyRatePlan.com, a Web site that helps consumers evaluate their telephone service plans.

☎ **Does my statement reflect the original offer made to me?** It might not. In 2000, Sprint PCS acknowledged it had charged customers from the first ring of incoming calls, rather than when the call was answered. The company settled a class-action lawsuit with 1.9 million subscribers by offering them $10 phone cards. ■

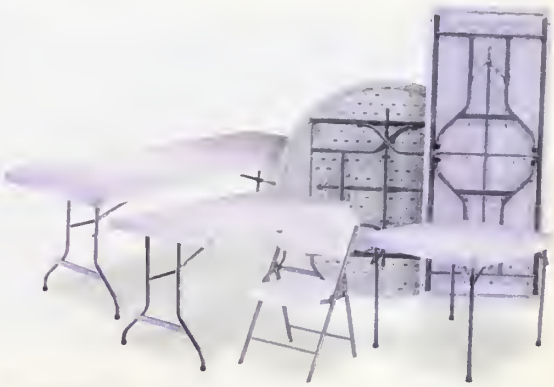


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MARRIAGE/ RELATIONSHIPS

1. Which one of the following do you find most endearing in your husband or significant other?

-1 ☐ He says, "I love you" every day.
-2 ☐ He helps around the house without being asked.
-3 ☐ He's a great father.
-4 ☐ He plans nice surprises for me.
5 ☐ He's a good provider.

2. What do you find most frustrating in your husband or significant other?

1 ☐ He never listens when talk to him.
2 ☐ He doesn't help with household tasks.
3 ☐ He doesn't spend enough time with the kids.
4 ☐ He doesn't clean up after himself.
5 ☐ He spends too many hours at work.

3. Which one of the following do you and your partner fight about most often?

☐ Money
☐ Sex
☐ The kids
-4 ☐ My job
-5 ☐ His job
-6 ☐ His family
-7 ☐ My family

4. When it comes to lovemaking, what one thing do you most wish about your partner?

-1 ☐ That he wanted to make love more often
-2 ☐ That he were more adventurous/creative in bed
-3 ☐ That he had a better body
-4 ☐ That he were a more skillful lover
-5 ☐ That he'd be more romantic
-6 ☐ That our lovemaking sessions would last longer
-7 ☐ That he wanted to make love less often

FAMILY

5. When do you and your family have the most fun?

-1 ☐ When we're eating together at home
-2 ☐ When we're eating out at a restaurant together
-3 ☐ When we spend time together at home (playing games, watching videos, talking, etc.)
-4 ☐ When we're on vacation
-5 ☐ When we get involved in an outdoor activity (biking, playing sports, etc.)

6. Which one of the following is your biggest daily problem with your children? (If you do not have children, please skip to question 8.)

-1 ☐ They fight too often.
-2 ☐ They're disrespectful to me.
-3 ☐ They don't obey me.
-4 ☐ They don't help out around the house/do chores.
-5 ☐ They aren't doing well in school.
-6 ☐ Their friends are a bad influence.
-7 ☐ They're having sex.
-8 ☐ They're drinking.
-9 ☐ They're taking drugs.

7. Which one of the following is your greatest worry for your children?

-1 ☐ That they will become seriously ill
-2 ☐ That they will be unhappy
-3 ☐ That they will not grow up to be responsible adults
-4 ☐ That they will be victims of violence
-5 ☐ That they will experiment with drugs
-6 ☐ That they will drink alcohol
-7 ☐ That they will have sex at a young age
-8 ☐ That they will smoke cigarettes

STRESS

8. Which of the following describes how you react to stress? Check all that apply.

-1 ☐ I lose my temper.
-2 ☐ I become depressed.
-3 ☐ I eat more.
-4 ☐ I eat less.
-5 ☐ I get a headache.



-6☐ I become withdrawn.
-7☐ I sleep.
-8☐ I exercise.
-9☐ I smoke.
-10☐ I drink.

9. What would you most like to change about the way you react to stress?

-1☐ Losing my temper
-2☐ Becoming depressed
-3☐ Eating more
-4☐ Eating less
-5☐ Being withdrawn
-6☐ Sleeping too much
-7☐ Smoking
-8☐ Drinking

SELF-IMPROVEMENT

10. Of the following activities, which one would you most like to make more time for in your life?

-1☐ Reading
-2☐ Meditating
-3☐ Gardening
-4☐ Cooking
-5☐ Working on crafts
-6☐ Exercising or working out
-7☐ Watching TV
-8☐ Sleeping



11. Which one of the following would you most like to improve?

-1☐ My health
-2☐ My job
-3☐ My relationship with my husband
-4☐ My relationship with my children
-5☐ My relationship with my friends
-6☐ My relationship with my parents
-7☐ How I manage my time
-8☐ The way I manage my finances

12. Suppose someone gave you $1,000 to spend however you liked. Would you use that money to:

-1☐ Pay bills
-2☐ Buy something for yourself
-3☐ Buy something for your children
-4☐ Take a vacation
-5☐ Save or invest it
-6☐ Donate it to a charity

13. How many hours per week do you spend in your car?

-1☐ Less than one
-2☐ One to three
-3☐ Three to five
-4☐ Five to seven
-5☐ Seven to ten
-6☐ Ten or more

14. Is the time you spend in the car mostly to:

-1☐ Drive to and from work
-2☐ Drive the kids to sports practices/games, after-school activities, their friends' houses, etc.
-3☐ Run errands

WORK

15. If money were not an issue, would you rather:

-1☐ Work full-time
-2☐ Work part-time
-3☐ Stay home with the kids
-4☐ Pursue other interests (e.g., volunteering, going back to school, etc.)

16. Would you give up 20 percent of your income to have more free time to spend at home or doing other things?

-1☐ Yes
-2☐ No

17. What would be your ideal work situation?

-1☐ A job with lots of opportunities for advancement, with little job security
-2☐ A job with little opportunity for advancement, with a lot of job security

18. If it were possible, would you choose to stick with your current job, or begin a new career in another field?

-1☐ Stick with current job
-2☐ Begin a career in another field

FOOD

19. On average, how often do you eat a meal with all of the members of your household?

-1☐ Every day
-2☐ Once a week
-3☐ A few times a week
-4☐ At least once a month
-5☐ A few times a year
-6☐ Only on holidays
-7☐ Never

20. When thinking about food, which comes closest to describing you:

-1☐ I think mostly about foods that I want to eat.
-2☐ I think mostly about the foods that I should not eat.

21. Which one of the following comfort foods do you enjoy most?

-1☐ Chocolate
-2☐ Other sweets
-3☐ Pasta
-4☐ Soup or stew
-5☐ Meatloaf
-6☐ Mashed potatoes
-7☐ Ice cream

22. What kind of recipes do you use most often?

-1☐ Dessert recipes
-2☐ Fast and easy dinner recipes
-3☐ Recipes for entertaining
-4☐ Recipes for healthy meals
-5☐ Kid-friendly recipes
-6☐ Other _____

CLOTHES

23. Overall, approximately how much money do you spend on new clothes for yourself in a year?

-1☐ Under $100
-2☐ $100 to $300
-3☐ $301 to $500
-4☐ $501 to $750
-5☐ $751 to $1,000
-6☐ $1,001 to $2,000
-7☐ $2,001 to $3,000
-8☐ Over $3,000

24. Which one of the following items accounts for the largest portion of your personal clothing budget?

-1☐ Shoes
-2☐ Handbags or purses
-3☐ Jewelry
-4☐ Party dresses
-5☐ Suits or work outfits
-6☐ Casual wear

25. Which one of the following items are you most tempted to purchase?

-1☐ Shoes
-2☐ Handbags or purses
-3☐ Jewelry
-4☐ Party dresses
-5☐ Suits or work outfits
-6☐ Casual wear

26. Which would you prefer:

-1☐ One outfit of higher quality that costs a little more
-2☐ A few outfits of lesser quality that cost a little less

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27. In your opinion, which of the following looks best on you:

-1 ☐ A tailored suit
-2 ☐ A little black dress
-3 ☐ Jeans and a T-shirt
-4 ☐ Sexy lingerie

BEAUTY

28. Which comes closest to describing you:

-1 ☐ I always wear makeup, even when I'm home all day.
-2 ☐ I put on makeup only if I'm going to leave the house.
-3 ☐ I wear makeup only on special occasions.
-4 ☐ I never wear makeup (Skip to question 30).

29. What is the one beauty product that you never leave the house without?

-1 ☐ Lipstick
-2 ☐ Mascara
-3 ☐ Foundation
-4 ☐ Blush
-5 ☐ Eyeshadow
-6 ☐ Eyeliner
-7 ☐ Nail polish

30. On average, how many times a week do you shampoo your hair?

-1 ☐ Every day
-2 ☐ Every other day
-3 ☐ Twice a week
-4 ☐ Once a week
-5 ☐ Less than once a week

31. Which of the following hair products do you use every day? Check all that apply.

☐ Shampoo
☐ Conditioner
☐ Mousse
☐ Styling gel/creme
☐ Anti-frizz product
☐ Hairspray

32. Which of the following personal-care products do you use every day? Check all that apply.

☐ Facial cleanser
-2 ☐ Astringent
-3 ☐ Toner
-4 ☐ Moisturizer
-5 ☐ Eye cream
-6 ☐ Body lotion
-7 ☐ Deodorant
-8 ☐ Toothpaste
-9 ☐ Mouthwash
-10 ☐ Dental floss
-11 ☐ Tooth whiteners

33. Which one of the following beauty dilemmas would you most like to have solved?

-1 ☐ Frizzy hair
-2 ☐ Thin hair
-3 ☐ Acne breakouts
-4 ☐ Oily skin
-5 ☐ Dry skin
-6 ☐ Discolored teeth
-7 ☐ Undereye circles
-8 ☐ Wrinkles

HEALTH

34. If given the choice, would you agree to shave a year off your life if you could be your ideal weight for the rest of your life?

-1 ☐ Yes
-2 ☐ No

35. Which one of the following health goals would you most like to achieve?

-1 ☐ Lose weight
-2 ☐ Eat more healthfully
-3 ☐ Exercise more often
-4 ☐ Get more sleep
-5 ☐ Reduce stress
-6 ☐ Get fewer colds or the flu
-7 ☐ Stop smoking

36. Of the following, which disease do you worry about the most?

-1 ☐ Breast cancer
-2 ☐ Heart disease
-3 ☐ Skin cancer
-4 ☐ Diabetes
-5 ☐ Ovarian cancer
-6 ☐ Alzheimer's disease

37. Which of the following do you do to live a healthy life? Check all that apply.

-1 ☐ Take vitamins
-2 ☐ Exercise
-3 ☐ Eat right
-4 ☐ Get enough sleep

DIET

38. Would you like to lose:

-1 ☐ 5 to 10 pounds
-2 ☐ 10 to 30 pounds
-3 ☐ 30 to 50 pounds
-4 ☐ More than 50 pounds
-5 ☐ I don't need to lose weight

39. In the past year, how many times have you started a diet?

-1 ☐ Never
-2 ☐ Just once
-3 ☐ Two or three times
-4 ☐ Four times or more
-5 ☐ I'm always on a diet



40. In the past year, how many times have you lost weight as a result of dieting?

-1 ☐ Never
-2 ☐ Just once
-3 ☐ Two or three times
-4 ☐ Four or more times

41. Have you had permanent diet success?

-1 ☐ Yes
-2 ☐ No

42. Have you ever used a diet program, such as Weight Watchers, Jenny Craig, etc.?

-1 ☐ Yes
-2 ☐ No

43. Which one of the following would you say is your biggest diet downfall?

-1 ☐ I can't get motivated.
-2 ☐ I have trouble sticking to a diet.
-3 ☐ I don't have time to cook healthy meals.
-4 ☐ I don't like the taste of healthy foods.
-5 ☐ I eat bigger portions than I should.
-6 ☐ I'm hungry all the time.
-7 ☐ I don't exercise enough.

ENTERTAINMENT

44. Who is your favorite movie actor?

-1 ☐ Tom Hanks
-2 ☐ Russell Crowe
-3 ☐ Tom Cruise
-4 ☐ Harrison Ford
-5 ☐ Denzel Washington
-6 ☐ Brad Pitt
-7 ☐ George Clooney
-8 ☐ Will Smith
-9 ☐ Other_____

45. Who is your favorite movie actress?

-1 ☐ Julia Roberts
-2 ☐ Meg Ryan
-3 ☐ Halle Berry
-4 ☐ Cameron Diaz
-5 ☐ Nicole Kidman

-6 ☐ Gwyneth Paltrow
-7 ☐ Renée Zellweger
-8 ☐ Sandra Bullock
-9 ☐ Other_____

46. Who is your favorite TV actor?

-1 ☐ Ray Romano (*Everybody Loves Raymond*)
-2 ☐ Dennis Franz (*NYPD Blue*)
-3 ☐ Kelsey Grammer (*Frasier*)
-4 ☐ Dylan McDermott (*The Practice*)
-5 ☐ James Gandolfini (*The Sopranos*)
-6 ☐ Rob Lowe (*The West Wing*)
-7 ☐ Martin Sheen (*The West Wing*)
-8 ☐ Drew Carey (*The Drew Carey Show*)
-9 ☐ Other_____

47. Who is your favorite TV actress?

-1 ☐ Jennifer Aniston (*Friends*)
-2 ☐ Patricia Heaton (*Everybody Loves Raymond*)
-3 ☐ Allison Janney (*The West Wing*)
-4 ☐ Jane Kaczmarek (*Malcolm in the Middle*)
-5 ☐ Debra Messing (*Will & Grace*)
-6 ☐ Sarah Jessica Parker (*Sex and the City*)
-7 ☐ Sela Ward (*Once and Again*)
-8 ☐ Amy Brenneman (*Judging Amy*)
-9 ☐ Other_____

48. Of the following, which is your favorite TV show?

-1 ☐ *Everybody Loves Raymond*
-2 ☐ *Friends*
-3 ☐ *CSI*
-4 ☐ *ER*
-5 ☐ *JAG*
-6 ☐ *Law and Order*
-7 ☐ *NYPD Blue*
-8 ☐ *Once and Again*
-9 ☐ *Sex and the City*
-10 ☐ *Survivor*
-11 ☐ *The West Wing*
-12 ☐ *The Practice*
-13 ☐ *The Sopranos*
-14 ☐ *Will & Grace*
-15 ☐ *Malcolm in the Middle*
-16 ☐ Other_____

49. Who is your favorite singer?

-1 ☐ Celine Dion
-2 ☐ Faith Hill
-3 ☐ Reba McEntire
-4 ☐ Madonna
-5 ☐ Jennifer Lopez
-6 ☐ Other_____

50. Which one of the following men do you most admire?

-1 ☐ George W. Bush
-2 ☐ Michael J. Fox
-3 ☐ Rudy Giuliani
-4 ☐ Colin Powell
-5 ☐ Ronald Reagan
-6 ☐ Bill Clinton
-7 ☐ Christopher Reeve
-8 ☐ Other_____

51. Which one of the following women do you most admire?

-1 ☐ Laura Bush
-2 ☐ Condoleezza Rice
-3 ☐ Hillary Rodham Clinton
-4 ☐ Katie Couric
-5 ☐ J.K. Rowling
-6 ☐ Martha Stewart
-7 ☐ Other_____

52. Which of the following would you most like to be:

-1 ☐ President of the United States
-2 ☐ A famous actress
-3 ☐ A professional sports star
-4 ☐ First Lady of the United States
-5 ☐ A news anchor
-6 ☐ A famous singer
-7 ☐ A best-selling author

53. With which person would you most like to trade places for a day?

-1 ☐ Laura Bush
-2 ☐ Julia Roberts
-3 ☐ Jennifer Aniston
-4 ☐ Katie Couric
-5 ☐ Barbara Walters
-6 ☐ Judge Judy
-7 ☐ Martha Stewart

ABOUT LHJ

54. Which one of the following is your favorite section of *Ladies' Home Journal*?

-1 ☐ "Can This Marriage Be Saved?"
-2 ☐ "Women Are Talking About"
-3 ☐ "First Person"
-4 ☐ "Health News" column

55. Which one of the following would you like to see more of in *LHJ*?

-1 ☐ More news stories
-2 ☐ More relationship stories
-3 ☐ More stories about real women
-4 ☐ More parenting stories
-5 ☐ More health stories
-6 ☐ More celebrity stories
-7 ☐ More fashion/beauty tips

ABOUT YOU

56. Your age_____

57. Which one of the following best describes your current work status or occupation?

-1 ☐ Professional/ executive/business owner
-2 ☐ White collar/ administrative/clerical
-3 ☐ Blue collar/service/ manufacturing
-4 ☐ Stay at home/do not work
-5 ☐ Unemployed
-6 ☐ Student
-7 ☐ Retired
-8 ☐ Other_____

58. What is the last grade of formal education that you have completed?

-1 ☐ Some high school
-2 ☐ High school graduate
-3 ☐ Some college, business school or vocational school
-4 ☐ College graduate
-5 ☐ Post-graduate

59. Marital status:

-1 ☐ Married
-2 ☐ Single
-3 ☐ Separated/divorced
-4 ☐ Remarried
-5 ☐ Widowed

60. What are the ages of your children who live in your home? Check all that apply.

-1 ☐ 3 years old or younger
-2 ☐ 4 to 6 years old
-3 ☐ 7 to 10 years old
-4 ☐ 11 to 14 years old
-5 ☐ 15 to 17 years old
-6 ☐ 18 or older
-7 ☐ I don't have children living at home.
-8 ☐ I don't have children.

61. How would you describe the community in which you live?

-1 ☐ Urban
-2 ☐ Suburban
-3 ☐ Rural

62. What is your annual household income before taxes?

-1 ☐ Less than $25,000
-2 ☐ $25,000 to $34,999
-3 ☐ $35,000 to $49,999
-4 ☐ $50,000 to $74,999
-5 ☐ $75,000 to $99,999
-6 ☐ $100,000 or more

Thank you for completing this survey. If you'd like to participate in a follow-up questionnaire, please fill in the information below:

Name (please print):

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Address:

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Telephone number:

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Snappy comebacks for smart moms

Kids giving you grief? These one-line zingers could bring much-needed relief

By Judy Gruen and Denise Koek

Why, oh, why

"Why do I have to take a bath? I'm only going to get dirty again."
"You're right. Come to think of it, why bother eating? You're only going to get hungry again."

"I don't want to read a book. Why do I have to?"
"Because I'm hoping that one day, you may learn that a thesaurus is not a type of dinosaur."

"Why do you always give her more than me?"
"I'm just doing my bit to make sure there aren't any underemployed psychoanalysts when you grow up."

"Why can't *you* clean my room?"
"Because the Mommies Local #398 prohibits me from doing any manual labor after three o'clock."

"Why do I always have to eat these dumb peanut-butter sandwiches?"
"Because the smart ones were out of stock."

"Why do I always have to sit in the backseat?"
"Because we don't offer the same pretzel-and-juice-box service in the front."

Disorderly conduct

Roughhousing:
"Don't drop your brother on his head—he might need to use it one day."

Running in the house:
"I just called the FAA, and they said you are not cleared for takeoff on this runway."



Now sitcom moms like Roseanne, Marge Simpson and Clair Huxtable needn't be the only ones with the sharp-tongued advantage

Blasting music:
"Could you turn it up, please? If you make me just a little more deaf, I can get myself a hearing aid and turn it off whenever you turn on your music."

General naughtiness:
"If you don't knock it off, I'm going to call the maternity ward and ask if it takes returns."

Back talk

"I'll never speak to you again!"
"That's too bad, I was hoping for another one of your informative, free seminars."

"You're the meanest mommy in the world."
"Perhaps. But aren't you proud that I'm at the top of my field?"

"There's nothing to do."
"What a coincidence. I still have sixty-seven things to do today, and the next item on my list is taking out the garbage."

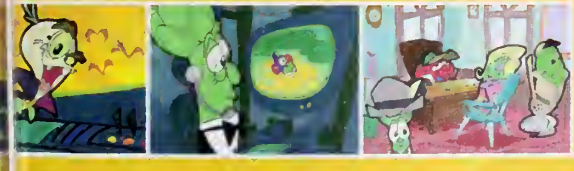
"You're not my boss!"
"You're right. I'm your CEO, and if you're not careful, I'm going to downsize you, and I guarantee you won't like the severance package!"

"If you really loved me, you'd let me pierce my eyebrow."
"Okay, on one condition. You let me tack homework-reminder memos on it every day." ■

Hero



ero? You betcha! America's favorite er-headed hero now has his own series of all-new, ultra- cartoon adventures! Look for the premier episode, ***oy and the Angry Eyebrows***, wherever videos are sold. ing your kids values has never been this much fun!



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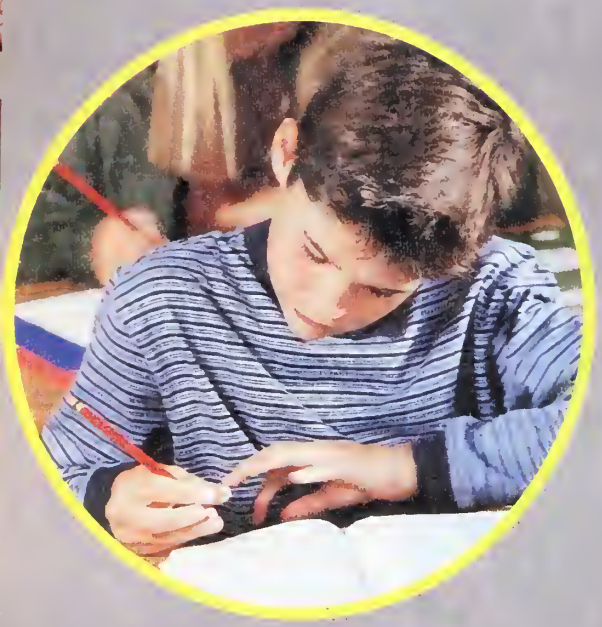


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Sunday Morning Values, Saturday Morning Fun!

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Things are good on th



Good start.



Good day.

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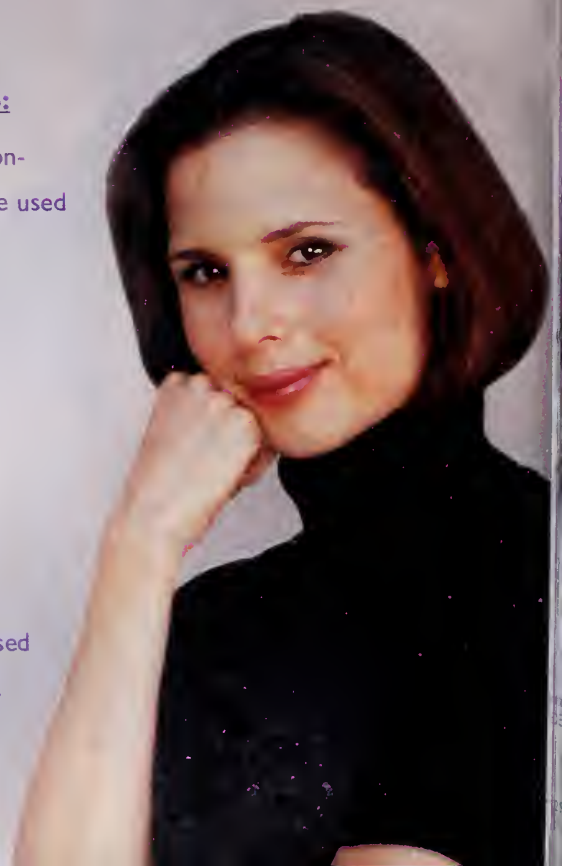
ADDERALL XR is for patients with a confirmed diagnosis of attention-deficit/hyperactivity disorder (ADHD). **ADDERALL XR** should not be used in children under 6 years of age.

ADDERALL XR should not be used in children

- Who are overly anxious or agitated
- With glaucoma, tics, or Tourette's syndrome
- [illegible] who recently took an MAO inhibitor

Ampl[illegible] for abuse. Caution is advised in patient[illegible] of drug or alcohol dependence, mental illness, seizure[illegible] high blood pressure, or heart conditions.

The [illegible] **ADDERALL XR** include decreased appetite, [illegible] insomnia), and emotional lability.



Shire US Inc.
your ADHD support comp[illegible]

DHD front.



Good tomorrow.

If your child is taking Adderall®, ask your doctor if now is a good time for your child to try NEW ADDERALL XR™ Extended-Release Capsules.

If you have a child with ADHD, you know how hard some days can be. The right medication is a good start in making things better for your child and your whole family. A single morning dose of **ADDERALL XR** provides effective control of ADHD symptoms throughout the day, including the important times when many children participate in sports, after-school activities, and do homework.[1-3] Just one dose in the morning, and you and your child are free from the inconvenience of multiple daily doses or the need to take medication to school.

Ask your doctor today about the benefits of NEW once a day ADDERALL XR and whether or not now is a good time to switch to a once a day medication that can help your child make the most of his or her entire day!

You can also access ADDERALLXR.com or Call 888-774-3000 for more information.

NEW ONE DOSE DAILY ADDERALL XR™ CII

10 mg, 20 mg, 30 mg CAPSULES

se see references and a brief summary of prescribing information on adjacent page.

ERALL® is registered in the United States Patent and Trademark Office.

2 Shire US Inc., Florence, Kentucky 41042 January 2002 AXJA304

Shire

References: 1. Data on file, Shire US Inc., 2001. 2. ADDERALL XR package insert, Shire US Inc., 2001. 3. Biederman J. Once-daily dosed SLI 381 fo pediatric ADHD. Platform presentation at: 154th Annual Meeting of the American Psychiatric Association; May 9, 2001; New Orleans, La.

ONE DOSE DAILY
ADDERALL XR®

10 mg, 20 mg, 30 mg CAPSULES
(Mixed Salts of a Single-Entity Amphetamine Product)
Dextroamphetamine Sulfate Dextroamphetamine Saccharate
Amphetamine Aspartate Monohydrate Amphetamine Sulfate

BRIEF SUMMARY: Consult the full prescribing information for complete product information.

ADDERALL XR™ CAPSULES **CII Rx Only**

AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE. ADMINISTRATION OF AMPHETAMINES FOR PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECTS OBTAINING AMPHETAMINES FOR NON-THERAPEUTIC USE OR DISTRIBUTION TO OTHERS AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

INDICATIONS
ADDERALL XR™ is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).
The efficacy of ADDERALL XR™ in the treatment of ADHD was established on the basis of two controlled trials of children aged 6 to 12 who met DSM-IV criteria for ADHD, along with extrapolation from the known efficacy of ADDERALL , the immediate-release formulation of this substance.

CONTRAINDICATIONS
Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma, Agitated states. Patients with a history of drug abuse.
During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

WARNINGS
Psychosis: Clinical experience suggests that, in psychotic patients, administration of amphetamine may exacerbate symptoms of behavior disturbance and thought disorder.
Long-Term Suppression of Growth: Data are inadequate to determine whether chronic use of stimulants in children, including amphetamine, may be causally associated with suppression of growth. Therefore, growth should be monitored during treatment, and patients who are not growing or gaining weight as expected should have their treatment interrupted.

PRECAUTIONS
General: The least amount of amphetamine feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.
Hypertension and other Cardiovascular Conditions: Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension (see CONTRAINDICATIONS). Blood pressure and pulse should be monitored at appropriate intervals in patients taking ADDERALL XR™, especially patients with hypertension.
Tics: Amphetamines have been reported to exacerbate motor and phonic tics and Tourette's syndrome. Therefore, clinical evaluation for tics and Tourette's syndrome in children and their families should precede use of stimulant medications.
Information for Patients: Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or vehicles; the patient should therefore be cautioned accordingly.
Drug Interactions: *Acidifying agents*—Gastrointestinal acidifying agents (guanethidine, reserpine, glutamic acid HCl, ascorbic acid, etc.) lower absorption of amphetamines.
Urinary acidifying agents—These agents (ammonium chloride, sodium acid phosphate, etc.) increase the concentration of the ionized species of the amphetamine molecule, thereby increasing urinary excretion. Both groups of agents lower blood levels and efficacy of amphetamines.
Adrenergic blockers—Adrenergic blockers are inhibited by amphetamines.
Alkalinizing agents—Gastrointestinal alkalinizing agents (sodium bicarbonate, etc.) increase absorption of amphetamines. Co-administration of ADDERALL XR™ and gastrointestinal alkalinizing agents, such as antacids, should be avoided. Urinary alkalinizing agents (acetazolamide, some thiazides) increase the concentration of the non-ionized species of the amphetamine molecule, thereby decreasing urinary excretion. Both groups of agents increase blood levels and therefore potentiate the actions of amphetamines.
Antidepressants, tricyclic—Amphetamines may enhance the activity of tricyclic antidepressants or sympathomimetic agents; d-amphetamine with desipramine or protriptyline and possibly other tricyclics cause striking and sustained increases in the concentration of d-amphetamine in the brain; cardiovascular effects can be potentiated.
MAO inhibitors—MAOI antidepressants, as well as a metabolite of furazolidone, slow amphetamine metabolism. This slowing potentiates amphetamines, increasing their effect on the release of norepinephrine and other monoamines from adrenergic nerve endings; this can cause headaches and other signs of hypertensive crisis. A variety of toxic neurological effects and malignant hyperpyrexia can occur, sometimes with fatal results.
Antihistamines—Amphetamines may counteract the sedative effect of antihistamines.
Antihypertensives—Amphetamines may antagonize the hypotensive effects of antihypertensives.
Chlorpromazine—Chlorpromazine blocks dopamine and norepinephrine receptors, thus inhibiting the central stimulant effects of amphetamines, and can be used to treat amphetamine poisoning.
Ethosuximide—Amphetamines may delay intestinal absorption of ethosuximide.
Haloperidol—Haloperidol blocks dopamine receptors, thus inhibiting the central stimulant effects of amphetamines.
Lithium carbonate—The anorectic and stimulatory effects of amphetamines may be inhibited by lithium carbonate.
Meperidine—Amphetamines potentiate the analgesic effect of meperidine.
Methenamine therapy—Urinary excretion of amphetamines is increased, and efficacy is reduced, by acidifying agents used in methenamine therapy.
Norepinephrine—Amphetamines enhance the adrenergic effect of norepinephrine.
Phenobarbital—Amphetamines may delay intestinal absorption of phenobarbital; co-administration of phenobarbital may produce a synergistic anticonvulsant action.
Phenytoin—Amphetamines may delay intestinal absorption of phenytoin; co-administration of phenytoin may produce a synergistic anticonvulsant action.
Propoxyphene—In cases of propoxyphene overdosage, amphetamine CNS stimulation is potentiated and fatal convulsions can occur.
Veratrum alkaloids—Amphetamines inhibit the hypotensive effect of veratrum alkaloids.
Drug/Laboratory Test Interactions: Amphetamines can cause a significant elevation in plasma corticosteroid levels. This increase is greatest in the evening.
Amphetamines may interfere with urinary steroid determinations.
Carcinogenesis/Mutagenesis and Impairment of Fertility: No evidence of carcinogenicity was found in studies in which d,l-amphetamine (enantiomer ratio of 1:1) was administered to mice and rats in the diet for 2 years at doses of up to 30 mg/kg/day in male mice, 19 mg/kg/day in female mice, and 5 mg/kg/day in male and female rats. These doses are approximately 2.4, 1.5, and 0.8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis.
Amphetamine, in the enantiomer ratio present in ADDERALL® (immediate-release)(d- to l- ratio of 3:1), was not clastogenic in the mouse bone marrow micronucleus test *in vivo* and was negative when tested in the *E. coli* component of the Ames test *in vitro*. d,l-Amphetamine (1:1 enantiomer ratio) has been reported to produce a positive response in the mouse bone marrow micronucleus test, an equivocal response in the Ames test, and negative responses in the *in vitro* sister chromatid exchange and chromosomal aberration assays.
Amphetamine, in the enantiomer ratio present in ADDERALL® (immediate-release)(d- to l- ratio of 3:1), did not adversely affect fertility or early embryonic development in the rat at doses of up to 20 mg/kg/day (approximately 5 times the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis).
Pregnancy: Pregnancy Category C. Amphetamine, in the enantiomer ratio present in ADDERALL® (d- to l- ratio of 3:1), had no apparent effects on embryofetal morphological development or survival when orally administered to pregnant rats and rabbits throughout the period of organogenesis at doses of up to 6 and 16 mg/kg/day, respectively. These doses are approximately 1.5 and 8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis. Fetal malformations and death have been reported in mice following parenteral administration of d-amphetamine doses of 50 mg/kg/day (approximately 6 times the maximum recommended human dose of 30 mg/day on a mg/m² basis) or greater to pregnant animals. Administration of these doses was also associated with severe maternal toxicity.
A number of studies in rodents indicate that prenatal or early postnatal exposure to amphetamine (d- or d,l-) [illegible] at clinically relevant doses in long-term neurochemical and behavioral alterations. [illegible] including altered locomotor activity, and changes in [illegible]. There has been one report of severe [illegible] in a baby born to a [illegible] during the first trimester of pregnancy. [illegible] only if the potential benefit justifies the potential risk
Nonteratogenic Effects: Infants born to mothers dependent on amphetamines have an increased risk o premature delivery and low birth weight. Also, these infants may experience symptoms of withdrawal a demonstrated by dysphoria, including agitation, and significant lassitude.
Usage in Nursing Mothers: Amphetamines are excreted in human milk. Mothers taking amphetamines shoul be advised to refrain from nursing.
Pediatric Use: ADDERALL XR™ is indicated for use in children 6 years of age and older.
Use in Children Under Six Years of Age: Effects of ADDERALL XR™ in 3-5 year olds have not been studied Long-term effects of amphetamines in children have not been well established. Amphetamines are no recommended for use in children under 3 years of age.
Geriatric Use: ADDERALL XR™ has not been studied in the geriatric population.

ADVERSE EVENTS
The premarketing development program for ADDERALL XR™ included exposures in a total of 685 participant in clinical trials (615 patients, 70 healthy adult subjects). These participants received ADDERALL XR™ at dail doses up to 30 mg. The 615 patients (ages 6 to 12) were evaluated in two controlled clinical studies, on open-label clinical study, and one single-dose clinical pharmacology study (N=20). Safety data on all patient are included in the discussion that follows. Adverse reactions were assessed by collecting adverse events results of physical examinations, vital signs, weights, laboratory analyses, and ECGs.
Adverse events during exposure were obtained primarily by general inquiry and recorded by clinica investigators using terminology of their own choosing. Consequently, it is not possible to provide a meaningfu estimate of the proportion of individuals experiencing adverse events without first grouping similar types o events into a smaller number of standardized event categories. In the tables and listings that follow, COSTAR terminology has been used to classify reported adverse events.
The stated frequencies of adverse events represent the proportion of individuals who experienced, at leas once, a treatment-emergent adverse event of the type listed.
Adverse events associated with discontinuation of treatment: In two placebo-controlled studies of up t 5 weeks duration, 2.4% (10/425) of ADDERALL XR™ treated patients discontinued due to adverse event (including 3 patients with loss of appetite, one of whom also reported insomnia) compared to 2.7% (7/259 receiving placebo. The most frequent adverse events associated with discontinuation of ADDERALL XR™ i controlled and uncontrolled, multiple-dose clinical trials (N=595) are presented below. Over half of thes patients were exposed to ADDERALL XR™ for 12 months or more.

Adverse event	% of patients discontinuing (N=595)
Anorexia (loss of appetite)	2.9
Insomnia	1.5
Weight loss	1.2
Emotional lability	1.0
Depression	0.7

Adverse events occurring in a controlled trial: Adverse events reported in a 3-week clinical trial of pediatri patients treated with ADDERALL XR™ or placebo are presented in the table below.
The prescriber should be aware that these figures cannot be used to predict the incidence of adverse event in the course of usual medical practice where patient characteristics and other factors differ from those whic prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained fro other clinical investigations involving different treatments, uses, and investigators. The cited figures, howeve do provide the prescribing physician with some basis for estimating the relative contribution of drug an non-drug factors to the adverse event incidence rate in the population studied.

Table 1 Adverse Events Reported by More Than 1% of Patients Receiving ADDERALL XR™ with Highe Incidence Than on Placebo in a 584 Patient Clinical Study

Body System	Preferred Term	ADDERALL XR™ (N=374)	Placebo (N=210)
General	Abdominal Pain (stomachache)	14%	10%
	Accidental Injury	3%	2%
	Asthenia (fatigue)	2%	0%
	Fever	5%	2%
	Infection	4%	2%
	Viral Infection	2%	0%
Digestive System	Loss of Appetite	22%	2%
	Diarrhea	2%	1%
	Dyspepsia	2%	1%
	Nausea	5%	3%
	Vomiting	7%	4%
Nervous System	Dizziness	2%	0%
	Emotional Lability	9%	2%
	Insomnia	17%	2%
	Nervousness	6%	2%
Metabolic/Nutritional	Weight Loss	4%	0%

The following adverse reactions have been associated with amphetamine use:
Cardiovascular: Palpitations, tachycardia, elevation of blood pressure. There have been isolated reports cardiomyopathy associated with chronic amphetamine use.
Central Nervous System: Psychotic episodes at recommended doses, overstimulation, restlessness, dizzine insomnia, euphoria, dyskinesia, dysphoria, tremor, headache, exacerbation of motor and phonic tics Tourette's syndrome.
Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointest disturbances. Anorexia and weight loss may occur as undesirable effects.
Allergic: Urticaria.
Endocrine: Impotence, changes in libido.

DRUG ABUSE AND DEPENDENCE
ADDERALL XR™ is a Schedule II controlled substance.
Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and sev social disability have occurred. There are reports of patients who have increased the dosage to many ti that recommended. Abrupt cessation following prolonged high dosage administration results in extre fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chro intoxication with amphetamines may include severe dermatoses, marked insomnia, irritability, hyperacti and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinic indistinguishable from schizophrenia.

OVERDOSAGE
Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically low doses.
Symptoms: Manifestations of acute overdosage with amphetamines include restlessness, tre hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Cardiovasc effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal sympt include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convuls and coma.
Treatment: Consult with a Certified Poison Control Center for up-to-date guidance and advice. Manageme acute amphetamine intoxication is largely symptomatic and includes gastric lavage, administration of activ charcoal, administration of a cathartic and sedation. Experience with hemodialysis or peritoneal dialys inadequate to permit recommendation in this regard. Acidification of the urine increases amphetam excretion, but is believed to increase risk of acute renal failure if myoglobinuria is present. If acute s hypertension complicates amphetamine overdosage, administration of intravenous phentolamine has suggested. However, a gradual drop in blood pressure will usually result when sufficient sedation has achieved. Chlorpromazine antagonizes the central stimulant effects of amphetamines and can be used to amphetamine intoxication.
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Me and my five brothers

By making family our focus, my parents gave us a gift for a lifetime

By Melinda Marshall



Three of my brothers—(from left) Kurt, Lauren and John—and me, circa 1978

We live in six different states, my brothers and I, but we are visiting constantly these days to plan our parents' 50th wedding anniversary party. The centerpiece of the event, a multimedia review of our growing-up years, warrants at least a phone call or an e-mail a day: Every last snapshot, every piece of family history has to be pondered anew and discussed intensively. (Remember when . . . these conversations invariably begin, often at 11 P.M. on a school night. As in, remember when Jay tried to park the station wagon and sheared off the garage door? Or: Remember when you gave that graduation speech wearing a dress you could see through right down to your underwear?)

The wealth of history we share, however, is not what amazes me about these visits. It's that we appear to have identical brain wiring. We six siblings couldn't be more different in our talents and lifestyles, and yet we're bonded as though we shared parts of the same psyche. This closeness doesn't just "happen," I think. The more I think about my upbringing, the more certain I am that tightly knit families are made, not born.

And that forces me to wonder, as I struggle to raise my own three children: *Can I pull that off?*

Life in the litter

Do not get too golden an image of my youth. My brothers and I fought like savages—we'd hurl Tonka trucks at each other for fun—and played games designed to make someone cry or get someone in trouble. Only rarely did an adult intervene, usually when certain expensive objects prized by my parents came into jeopardy.

But when the chips were down—meaning, whenever someone else had made us cry or gotten us in trouble—we were each other's staunchest allies. If one of us was being ridiculed by the big kids in the back of the bus, or if we'd waited until 9 P.M. the night before a science project was due to begin growing marigolds, internecine warfare would be suspended. In any crisis, we hung together.

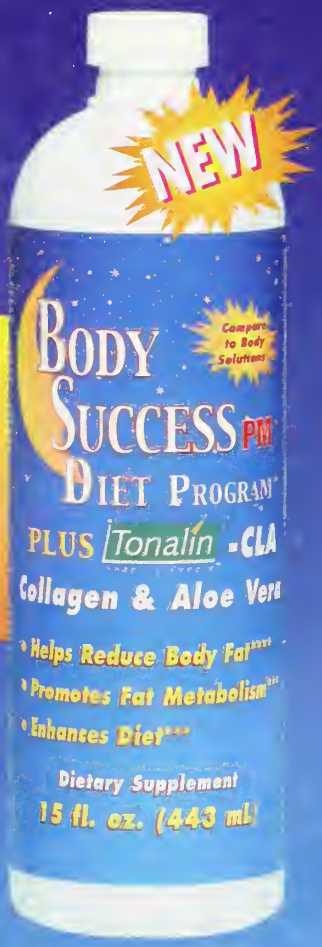
Basically there was Us, we Meschter kids, and there was Them—parents, kids at school, teachers, the rest of mankind. From my perspective as fourth child, in fact, all answers to be had in life were to be had from my brothers. When I learned to ride a bike, it was Steve who ran alongside me. When I had trouble throwing a softball straight and nearly got kicked off the team, it was my youngest brother, Jay, who showed me the trick of bringing the ball alongside my ear. When I nearly flunked trigonometry, it was my middle brother, Kurt, who patiently coached me on sine, cosine and tangent. Whether it was sex, drugs or rock 'n' roll, it was my brothers who told me what I needed to know. In all the areas in which they could not offer advice—applying makeup, choosing clothes, negotiating cliques, handling first dates—I was relatively delayed, because it wasn't until college *(continued*



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that, in the absence of my brothers, my girlfriends' influence prevailed.

Not laissez-faire parenting

Ah—but isn't there something wrong with this picture? Aren't you wondering, *Where were the parents?*

By today's standards they seem, indeed, alarmingly absent. They were not, for instance, out with us on the soccer field or behind the wheel of the family wagon ferrying us to and from karate and gymnastics. They did not hover over us as we did our homework, helping us organize, write and desktop publish with full-color graphics our report on the French and Indian War. Never mind that computers, excessive homework and year-round soccer hadn't been invented yet: That just wasn't their MO as parents. They didn't try to control how we spent our time.

Rather, consciously and unconsciously, actively and passively, my parents exercised their influence on us the old-fashioned way: by making family the center of our lives. They kept us in constant contact with the Tribe: our legions of aunts, uncles and cousins, plus certain teachers, neighbors and friends they considered practically kin. My mother's parents lived next door, and their house was often thronged with relatives. We swam in a steady stream of people who shared, like my brothers and I do now, a gene pool, a family history and a belief system. It was like growing up a Kennedy: I perceived the world as merely an extension of the family compound.

My parents' second stroke of genius was to make us kids interact so much. Not that they discouraged outside friendships; not at all. But neither did they make them easy to prioritize. Our peers at school lived a car trip away; it was logistically impossible for my mother to squire us around to play dates we couldn't walk or bike to. So after school, we all played sports or participated in the school play or newspaper, and evenings and weekends we stayed home. Summers, we hung out, bicycled to the YMCA swim and vacationed as a family at t Jersey shore or in the Poconos. Ev as licensed drivers, our rovings we limited because we didn't have ea access to a car.

Finally, my parents ensured th time spent at home was spent togethe Either we were pressed into house lawn service (it was inconceivable th my parents would hire help) or played with each other. TV was stri ly rationed (it helped that we got on three channels and that you had to u a pair of pliers to turn to them). didn't scatter to our bedrooms, b cause they contained nothing more e citing than a bed, a desk, a bureau a a reading chair. If we weren't togeth playing, then we were certainly t gether eating, wedged in our seats wooden benches around the kitch table. Dinner, in particular, was sacr sanct: I can't remember a meal wh one of us was missing.

The result: We are totally impri ed with each other, my brothers a I. I have the immense comfort



nowing that however awful, stupid, erverse or irrational a thought cross- s my mind, at least five other people ould have had the same exact ought cross theirs.

arents as peers

an I copy my parents?

In some important ways, I've cho- n not to. I opted for three kids, not x. I elected to raise them more than hundred miles from their grand- arents, not next door. Their uncles, kewise, elected to settle down where eir work and spouses took them, and the cousins are scattered throughout e Northeast, with one as far afield as rtland, Oregon.

But in key ways, I simply cannot ulate my parents. The world is a fferent place—radically so. It's not, you would suppose, because wom- are home less: It's because the rld intrudes on our home life in- itely more than it did 30 years ago. y parents could prevail over the con- nt spewed by three TV channels: 're contending with a fusillade of 500, not to mention the Internet.

Given the circumstances, the best I've been able to come up with is an adaptation of my parents' strategy. On the one hand, I've all but banned the boob tube and Internet at home. My husband and I make a great effort, not always rewarded, to eat most meals and certainly every dinner together as a family. We live in a house as tight as a ship, whose private spaces accommodate little more than beds but whose public areas include a playroom and four acres of woods. We keep the kids literally close: The boys bunk together in one of the two slot-size bedrooms.

On the other hand, I try to swim in this rushing current that forever threatens to whisk away my children.



My own kids: Kathryn, 10; Ian, 6; and Chase, 11

We do the soccer thing on weekends, although only for our youngest, because we couldn't talk him out of it. We take the Girl Scouts camping and hiking. And we're forever importing our children's friends as pseudo-siblings for the afternoon or for dinner or for overnight—so that our children never feel they have to choose between Us and Them.

I cannot guess the long-term effects of this compromise; no doubt the future parenting establishment (will it never go away?) will arrive at some wholly new notion of how best to raise children. For myself, I hope I'm lucky enough to celebrate a 50th wedding anniversary. For my kids, I hope I've helped them bond just tightly enough to really enjoy planning it. ■



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COOL 'N' EASY® Pie

Prep: 10 minutes plus refrigerating

2/3 cup boiling water
1 pkg. (4-serving size) JELL-O® Brand Sugar Free Low Calorie Gelatin, any flavor
1/2 cup cold water
Ice cubes
1 tub (8 oz.) COOL WHIP® LITE Whipped Topping, thawed
1 prepared reduced fat graham cracker crumb crust (9 inch)

STIR boiling water into gelatin i large bowl at least 2 minutes unt completely dissolved. Mix cold wate and ice to measure 1 cup. Add t gelatin, stirring until ice is melte STIR in whipped topping with wi whisk until smooth. Refrigerate 15 t 20 minutes or until mixture is thic and will mound. Spoon into crus REFRIGERATE 4 hours or overnigh Makes 8 servings.

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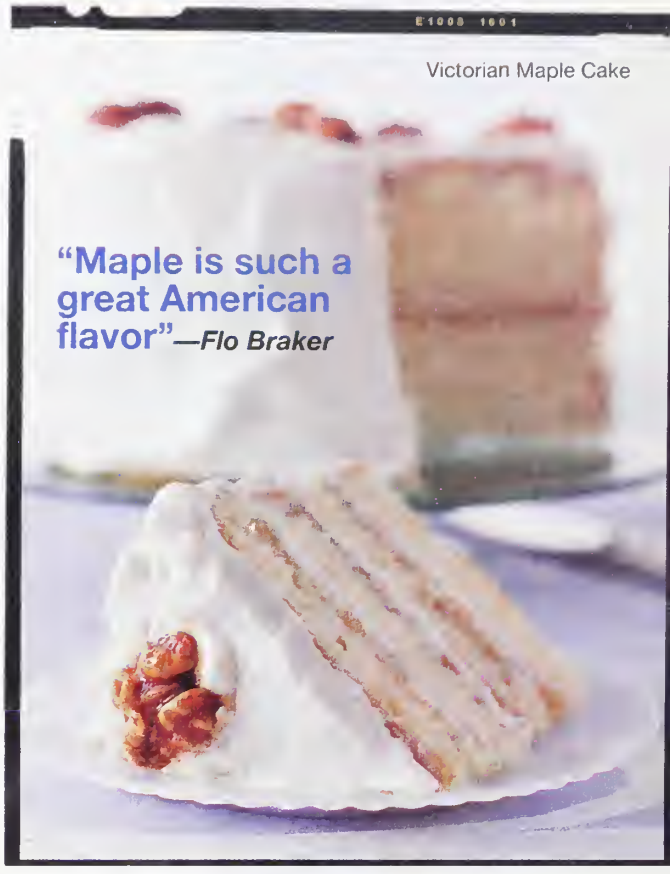
Cool Whip Lite

Do The Cool W

Top chefs' favorite desserts

We asked America's best chefs to share their no-holds-barred desserts with us, and the result is a collection of recipes that celebrates eight great tastes. From Rose Levy Beranbaum's yummy Chocolate Peanut-Butter Mousse Tart to Alice Medrich's outrageously creamy Mocha Marble Cheesecake, these desserts are classic after-dinner winners

Produced by Jennifer Wilkinson



Pound Cake with Spring Fruit Compote

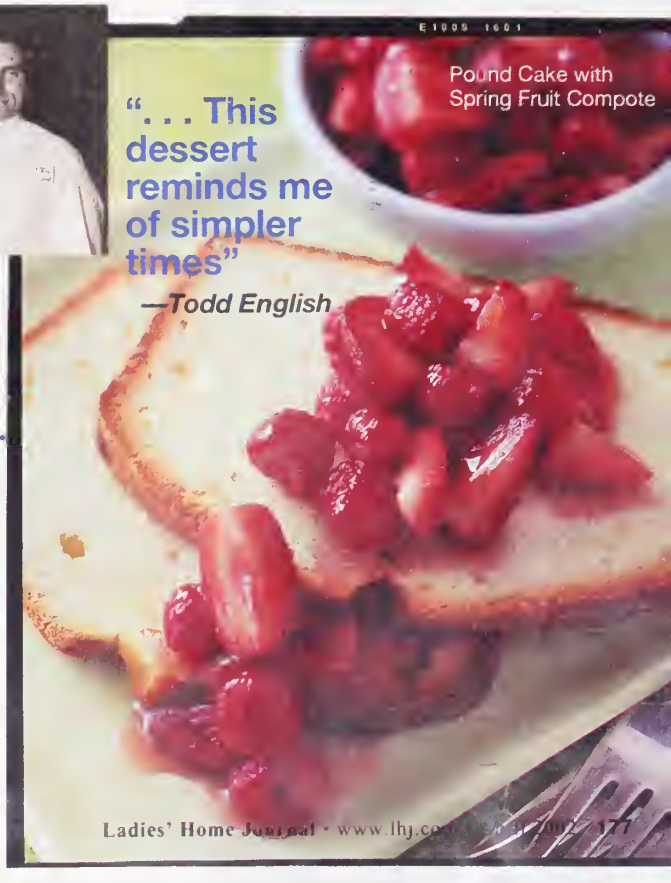
Prep time: 15 to 20 minutes
Baking time: 1 hour plus standing

Pound cake:
1 cup unsalted butter, at room temperature
1¾ cups sugar
1 tablespoon vanilla extract
5 large eggs, at room temperature
2½ cups all-purpose flour
¾ teaspoon salt

Fruit compote:
¼ cup pure maple syrup
1 teaspoon fresh lemon juice
1 quart strawberries, quartered
1 pint raspberries

Todd English, chef and restaurateur, Olives, Boston
"When I was a kid, my mom always made this classic American dessert whenever my baseball team won a game. So when I have this dessert, it reminds me of those simpler times, and now I make it for my kids."





1. *Make pound cake:* Heat oven to 350°F. Grease and flour a 9x5-inch loaf pan. Set aside. In a large mixer bowl on medium-high speed beat the butter until light and fluffy. Add the sugar and beat *(continued)*

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Louis Lynch, pastry chef, Emeril's Restaurant, New Orleans

"This Banana Cream Pie is an all-American, feel-good dessert with very simple ingredients and flavors. There are three secrets to this pie: bananas in the crust, old-fashioned pastry cream and the caramel drizzle."



Banana Cream Pie with Caramel Drizzl

(continued) until well combined and mixture is smooth. Reduce speed to medium; add vanilla, then the eggs, one at a time, beating well and scraping down the bowl after each addition. Reduce speed to low and add flour and salt, mixing until just combined.

2. Pour batter into prepared pan. Bake 1 hour, or until a toothpick inserted in center comes out clean. Cool in pan 10 minutes then turn the cake onto a wire rack and cool completely. (Store at room temperature.)

3. *Make fruit compote:* In a large bowl gently stir together maple syrup and lemon juice with berries.

4. To serve, cut the cake into ½-inch-thick slices and spoon compote over top of each slice. Makes 12 servings.

Per serving: 420 calories, 18 g total fat, 10.5 g saturated fat, 130 mg cholesterol, 176 mg sodium, 60 g carbohydrates, 6 g protein, 36 mg calcium, 3 g fiber

Banana Cream Pie with Caramel Drizzle

Prep time: 31 to 36 minutes plus standing
Baking time: 12 to 15 minutes

Crust:
2 cups graham-cracker crumbs
6 tablespoons unsalted butter, melted
½ ripe banana

Filling:
4 large egg yolks
4 tablespoons cornstarch
2 cups heavy cream, divided
1 cup sugar
1 teaspoon vanilla extract

Caramel:
½ cup sugar
2 tablespoons water
½ cup heavy cream

Whipped cream:
1 cup heavy or whipping cream
2 tablespoons sugar
1 teaspoon vanilla extract

Chocolate shavings (optional)

1. *Make crust:* Heat oven to 350°F. In a large bowl, cream the ingredients together with your hands until well mixed. Press the mixture into a 9-inch pie plate and bake until brown, 12 to 15 minutes. Remove from oven and cool completely before filling.

2. *Make filling:* Whisk together egg yolks, cornstarch and 1 cup of heavy cream in a small bowl. Set aside. Combine remaining cream, sugar and vanilla in a large, heavy-bottomed saucepan over medium heat. Whisk to dissolve the sugar and bring to a gentle boil, 10 minutes. Slowly add egg yolk mixture, whisking constantly until it thickens, 5 minutes. Transfer filling to a glass bowl. Press a piece of plastic wrap on the surface of the mixture *(continued)*



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*30g of almonds have 15g fat, of which only 1g is saturated.



A.M.



P.M.

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(continued) and cool completely at room temperature. When cool, whisk briefly until custard is thick and creamy. Pour into prepared piecrust.
3. *Make caramel:* In a small, heavy-bottomed saucepan, bring sugar and water to a boil, stirring constantly. Continue cooking, stirring occasionally, until the mixture is a deep caramel color and has the consistency of a thin syrup, 10 to 15 minutes. Remove from heat. Carefully and slowly stir in cream; return pan to high heat, and boil the sauce until it becomes a thick syrup, about 2 minutes. Cool to room temperature. *(The sauce can be refrigerated until ready to use, then brought to room temperature.)*
4. *Make whipped cream:* Beat ingredients in medium mixer bowl on medium-high speed until soft peaks form. Using a rubber spatula, spread whipped cream evenly over pie. Drizzle caramel over top and sprinkle with chocolate shavings, if desired. Makes 8 servings.

Per serving: 735 calories, 52 g total fat, 30.5 g saturated fat, 272 mg cholesterol, 172 mg sodium, 65 g carbohydrates, 5 g protein, 88 mg calcium, 1 g fiber

Pear Napoleon with Ginger Pastry Cream

Prep time: 50 minutes plus chilling and standing
Baking time: 8 to 10 minutes

1 package (1.1 pounds) frozen puff pastry

Pastry cream:
8 large egg yolks
½ cup granulated sugar
Pinch salt
3 tablespoons cornstarch
2¼ cups milk
1 teaspoon vanilla extract
1 two-inch piece fresh ginger, peeled and roughly chopped
¼ cup heavy or whipping cream
2 tablespoons unsalted butter (no substitutes)

Pears:
8 firm, yet ripe pears, peeled, cored and cut into ½-inch-thick slices



Emily Luchetti, executive pastry chef, Farallon, San Francisco
"Ginger is a spice that goes well with fruit. The root itself is very different from the powder and, in this recipe, results in a subtle, delicious flavor that marries wonderfully with pears."


Pear Napoleon with Ginger Pastry Cream

⅓ cup granulated sugar
1½ teaspoons freshly squeezed lemon juice
2 tablespoons brandy (optional)
Pinch salt
Confectioners' sugar (optional)

1. Heat oven to 375°F. Thaw puff pastry sheets at room temperature, 30 minutes. On a lightly floured surface, roll the pastry to 1/16-inch thickness. Cut into twelve 3x5-inch pieces and place 2 inches apart on a cookie sheet lined with parchment paper. Bake 8 to 10 minutes until golden. Carefully remove pastry from cookie sheet and cool on a wire rack.
2. *Make pastry cream:* Whisk together egg yolks, sugar and salt in a large mixing bowl until well blended. Whisk in cornstarch. In a medium saucepan over medium-high heat, bring milk, vanilla and ginger to a simmer, until mixture bubbles around the edges. Remove from heat and slowly pour milk mixture into egg mixture, whisking constantly. Transfer the liquid back to the pan and cook over medium-low heat, stirring constantly with a wooden spoon until thick, 5 minutes. Remove from heat and stir in cream and butter. Strain pastry cream into a clean bowl and cover surface with plastic wrap. Refrigerate until cold.
3. *Make pears:* In a 12-inch nonstick skillet over medium-high heat, cook pears, sugar, lemon juice, brandy and salt until the pears are translucent but still retain their shape. Remove pears from the pan. *(If there is a lot of remaining liquid, cook it over high heat until slightly syrupy, then pour over pears.)* Let the pears come to room temperature.
4. To assemble, place 2 tablespoons pastry cream and 1/12 of the pears in a 3x5-inch area in the middle of each plate. Top with one piece of puff pastry. Place more pears and pastry cream on top of the puff pastry. Finish by topping with a second piece of puff pastry. Dust with confectioners' sugar, if desired. Makes 6 servings.

Per serving: 930 calories, 50 g total fat, 13 g saturated fat, 320 mg cholesterol, 313 mg sodium, 110 g carbohydrates, 14 g protein, 181 mg calcium, 7 g fiber

Chocolate-Coconut Cake

Prep time: 25 to 30 minutes plus chilling
Baking time: 28 to 32 minutes

Ganache:
10½ ounces bittersweet chocolate, finely chopped
3½ ounces milk chocolate, finely chopped
1⅔ cups heavy cream

Cake:
4 large eggs
1½ cups sugar
3⅔ cups unsweetened, shredded coconut, divided

1. *Make ganache:* Put *(continued)*

bittersweet and milk chocolate in a large bowl and set aside. In a medium saucepan, bring cream to a boil. Immediately pour the hot cream over the chocolate and whisk until chocolate is completely melted and smooth. Cover the ganache with plastic wrap, pressing it directly against the surface, and refrigerate until firm, 2 hours.

2. Heat oven to 350°F. Spray bottom and sides of a 10½x15-inch cookie sheet with cooking spray, then line with parchment paper and lightly dust with flour. Set aside.

3. *Make cake:* Whisk together eggs and sugar in the bowl of an electric mixer. Place the bowl over a saucepan of simmering water and continue whisking until the egg mixture is warm to the touch. Remove from heat and beat on high speed until mixture has tripled in volume, 5 to 10 minutes. Using a rubber spatula, fold in 3⅓ cups coconut just until blended. Pour the batter onto prepared cookie sheet and spread it evenly with a spatula. Bake 18 to 22 minutes, until the top of cake is lightly golden and a toothpick inserted in the center comes out clean. Cool cake in pan on a wire rack, 15 minutes. Run a small, sharp knife around the sides to loosen cake. Place a wire rack over the cake and invert. Cool completely. Carefully peel off the parchment paper (cake is extremely delicate).

4. Meanwhile, sprinkle remaining coconut on a cookie sheet and bake 10 minutes, until golden, stirring once or twice.

5. To assemble cake, trim off any uneven edges and cut the cake crosswise into three equal rectangles, each measuring about 10x5 inches. Place one of the rectangles on a serving plate an spread a generous amount of ganach over top. Cover with another cake lay er, then more ganache. Top with th third cake layer and spread remainin ganache over top and sides of cake Sprinkle toasted coconut over the top an sides of the cake. Makes 12 servings.

Per slice: 530 calories, 38 g total fat, 25.5 g saturat fat, 118 mg cholesterol, 48 mg sodium, 6 g carboh drates, 6 g protein, 62 mg calcium, 2 g fiber

François Payard, pastry chef and co-owner, Payard Patisserie & Bistro, New York City

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ole Cake is a majestic cake—it's
of my favorites."

ctorian Maple Cake

tured on page 177)

p time: 34 to 38 minutes
king time: 30 to 35 minutes plus
oling

e:
cups sifted cake flour
teaspoons baking powder
easpoon baking soda
easpoon salt
1 cup buttermilk, at room temperature
1 teaspoon vanilla extract
¾ cup unsalted butter, at room temperature
1½ cups sugar
3 large eggs, at room temperature, lightly beaten

Maple meringue:
1 cup pure maple syrup
½ cup egg whites (about 4 large), at room temperature
2 tablespoons sugar

Walnuts for garnish (optional)

1. Position oven rack to lowest third of oven. Heat oven to 350°F. Line bottoms of two 8-inch round cake pans with parchment paper. Grease and flour parchment and sides of pans. Set aside.
2. Sift the flour, baking powder, baking soda and salt in a medium bowl and set aside.
3. Combine buttermilk and vanilla in a cup. In a mixer bowl on medium speed cream the butter until satiny. Add sugar in a steady stream, then scrape down the sides of the bowl. Continue beating until light and fluffy, 4 to 5 minutes. Slowly add eggs and beat until mixture appears fluffy, white and increased in volume, 3 to 4 minutes. Stop mixing and scrape sides of the bowl.
4. By hand, stir ¼ of flour mixture into creamed mixture. Then blend in ⅓ of milk mixture. Repeat, alternating dry and liquid ingredients, ending with the flour and mixing until smooth. Spoon batter equally into each pan. Spread the batter, working from the center outward, creating a slightly raised ridge along the outside rim so the baked cakes will end up being level. Bake 30 to 35 minutes, or until the the sides begin to pull away from the pans. Cool on wire racks 10 minutes. Invert cakes onto wire racks and carefully remove pans and parchment. Invert the layers right side up and cool completely.
5. *Make maple meringue:* In a heavy-bottomed saucepan over medium heat, bring maple syrup to a boil. As syrup boils, whisk egg whites in a mixer bowl on low speed *(continued on page 186)*

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Black Bean Salsa
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1 tsp. Goya Adobo with Pepper
1 package (10 oz.) frozen corn
1 cup diced onion
1/2 cup diced red bell pepper
1 large tomato, seeded and diced
3 tbsp. fresh minced cilantro
3 tbsp. fresh lime juice
1 tbsp. chili powder
2 tsp. ground cumin
In large bowl, combine all ingredients. Serve with tortilla chips.
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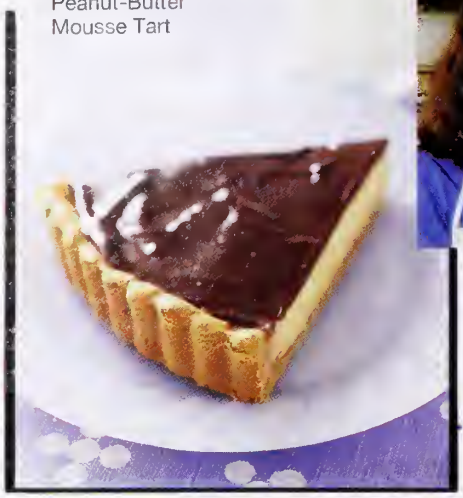
In a food processor, pulse the sugars until very fine. With the motor running, add the butter, then the peanut butter and process until smooth and creamy. Add the egg and vanilla until incorporated. Add the flour mixture until mixed together. Scrape the dough into a bowl. Cover and refrigerate at least 1 hour or overnight.

2. Heat oven to 375°F. Press the dough evenly into a 9-inch tart pan. Bake until golden brown, 10 to 12 minutes. Cool.

3. *Make peanut-butter mousse:* In a mixer bowl on medium speed beat cream cheese, peanut butter and sugar until uniform in color. On low speed, add vanilla. Beat in ¼ cup of the whipped cream just until combined. With a rubber spatula, fold in remaining cream. Scrape the mousse into tart shell and smooth the surface so that it is level. Refrigerate.

4. *Make ganache:* Meanwhile, break up chocolates into the bowl of a food processor. Pulse until finely ground. In a small saucepan, bring cream to a boil. With the motor running, immediately pour hot cream through the feed tube onto the chocolate. Process until smooth. Add vanilla and pulse a few times to incorporate. Pour the ganache into a bowl and let cool to room temperature. Pour the ganache over peanut-butter mousse in a circular motion. Spread to the edges. Refrigerate at least 2 hours to set before serving. Makes 6 to 8 servings.

Per serving: 655 calories, 50 g total fat, 23 g saturated fat, 101 mg cholesterol, 356 mg sodium, 44 g carbohydrates, 14 g protein, 87 mg calcium, 3 g fiber



Chocolate Peanut-Butter Mousse Tart



Rose Levy Beranbaum, author, "The Pie and Pastry Bible" (Scribner, 1998)

"Peanut butter and chocolate are a wonderful combination; they are probably the two favorite American flavors. I particularly like this recipe because it's easy to make and the end result is a very satisfying coming together of crisp and creamy."

Mocha Marble Cheesecake

Prep time: 15 minutes
Baking time: 35 to 45 minutes plus chilling and standing

Crust:
1½ cups chocolate-wafer crumbs
6 tablespoons melted butter
¼ cup sugar
1½ teaspoons instant espresso powder

Filling:
1½ ounces milk chocolate, finely choppe



teaspoon instant espresso powder
½ teaspoons boiling water
packages (8 oz. each) cream cheese, at room temperature
cup sugar
½ teaspoons vanilla extract
eggs, at room temperature

Position the rack in lower third of en. Heat oven to 350°F.
Make crust: Grease an 8-inch spring- m pan. In a medium bowl, mix all in- edients with a fork. Press the mixture enly on the bottom and about halfway the sides of the pan. Bake 10 min- s. Cool. Grease pan again, above the st, to prevent the filling from stick- . Lower oven to 325°F.
Make filling: Place chocolate and resso powder in a small bowl. Add er and stir until smooth. Set aside. In a dium mixer bowl, beat cream cheese il smooth, 30 seconds. Add sugar and illa and beat just until smooth and my, 1 to 2 minutes. Add eggs one at a e and beat just until incorporated, ping bowl and beater after each addi- . Stir 1 cup of batter into the bowl of ted chocolate. Pour the remaining in batter into prepared crust and smooth top. Spoon ribbons of chocolate batter over plain batter, making sure to leave some plain batter showing. Jiggle pan gently to level. With a small spoon gently stir batter until the colors are intermingled but not completely blended. Place the pan on a baking sheet.
4. Bake 35 to 45 minutes until edges are puffed but center jiggles when tapped. If batter is touching the sides of the pan above the height of the crust, run a thin knife around the edges of the pan to detach the cake (do not unmold). Place the pan on a rack and cover with a large inverted bowl, so that the cake cools slowly. Once cool, cover and refrigerate 5 hours or overnight before unmolding. Makes 14 servings.


Mocha Marble Cheesecake



Alice Medrich, author, "A Year in Chocolate" (Warner Books, 2001)

"Who can resist the cool creamy comfort of a homemade cheesecake? Ultrarich, yet somehow wholesome (perhaps it's the cheese!), cheesecake is America's all-time favorite dessert. This one is both simple and beautiful to behold."

Per serving: 335 calories, 25 g total fat, 15 g saturated fat, 98 mg cholesterol, 276 mg sodium, 23 g carbohydrates, 6 g protein, 54 mg calcium, 0 g fiber. ■

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BEST HAIR SECRETS

Continued from page 111

Exclusive salon discounts and freebies for LHJ readers

*All offers good at participating salons only.
*One offer per person.
*Offer is not good with any other offers provided by the salon.
*All offers are valid for the month of April 2002.
*Bring this article with you to the salon to qualify for any discount or freebie.

ALABAMA

Cheveux Salon
7855 Vaughn Rd., Montgomery, Alabama 36116; 334-272-6333
Specialty: Special-effect coloring and color corrections. ***Freebie:*** 10% off any color service ($45 to $125), or free styling brush ($12 value) with purchase of any Phytologie product ($22 to $48). **Fight fade-out:** If you have color-treated hair, don't shampoo with hot water. Heat expands the hair shaft, creating gaps that allow color molecules to escape. To fight fade-out, shampoo with tepid water and always use a conditioner.

ALASKA

Koala Hair Company Salon and Day Spa
880 "N" St., Anchorage, Alaska 99501; 907-274-9231
Specialty: Marbleizing, a coloring process that blends multiple colors. ***Freebie:*** Free 11-oz. bottle of Indola Leave-In Conditioner (value, $9) with any service (cut, $45 and up; color, $75 and up). **Beat the heat:** If your hair is dry and brittle, take a break from heat appliances a few days a week. Go for Velcro or steam-heated rollers (the steam puts moisture in thirsty hair). When you do plug in a styling appliance, spritz on a protective thermal styling spray first.

ARIZONA

Douglas Wayne Salon
9020 S. McClintock Rd., Suite 2, Tempe, Arizona 85284; 480-756-0756
Specialty: Cut and color correcting. ***Freebie:*** Free deep-conditioning treatment (value, $20) with any service (cuts, $35 and up; color, $45 and up). **Dry styling:** If you have short hair, don't apply a styling product until hair is almost dry. If hair is wet, the product will weigh down hair.

ARKANSAS

Caracalla
5715 Kavanaugh Blvd., Little Rock, Arkansas 72207; 501-280-0866
Specialty: Scalp treatments. ***Freebie:*** Free Phytologie Shampoo (value, $19) with a cut and color (cuts, $40 and up; color, $55 and up). **Salon etiquette:** Don't feel pressured to talk with your stylist as she snips. The less distracted she is, the more she can concentrate on giving you the perfect cut.

CONNECTICUT

Adam Broderick Salon and Spa
[illegible] Danbury Rd., Ridgefield, Connecticut [illegible] 203-431-3994
Specialty: Baliage, a form of hair paintin to accent and brighten select strand around the hairline only. ***Freebie:*** A fre deep-conditioning treatment ($25 valu with Baliage ($50 and up). **Color booste** Two or three weeks before your next hai color treatment, shampoo and conditic hair with color-enhancing formulas clo: est to your current shade. The produc will deposit pigment to the outer laye Once you've reached your desired col (it usually takes a week), go back to usir your normal shampoo until you nee more toning.

DELAWARE

Fabrizio Salon
1604 West 16th St., Wilmington, Delawa 19806; 302-656-8660
Specialty: Styling and highlighting. ***Fre bie:*** A cleansing shampoo with scalp ma sage plus a 10-minute deep-conditionir treatment and a free 2-oz. bottle of Bumb and bumble Deeep Treatment (total valu $47) with a cut ($35 and up). Or 20% any product ($7 to $42). **Smooth stylir** To get long- to medium-length hair slec blow-dry most of the moisture out, usi fingers to separate sections. Once hair almost dry, finish styling hair with yc brush and blow-dryer.

FLORIDA

Stella Salon
404 Washington Ave., Miami Beach, Flo da 33139; 305-532-0024
Specialty: Color and color correctic ***Freebie:*** 20% off color services ($65 a up). **Shampoo in shine:** If your hair loo dull, it could be because layers of styl products and conditioner have lef residue on the surface. Shampoo wit clarifying formula once every two weeks has special detergents to wash av buildup, but is too drying for everyday us

HAWAII

Paul Brown Salon & Day Spa
1200 Ala Moana Blvd., Honolulu, Hav 96814; 808-591-1881
Specialty: Hair At Rest Flat-Iron Perm system for permanently straightening hair. ***Freebie:*** Free 8-oz. Paul Brown Re rect Conditioner (value, $20.50) with a At Rest Flat-Iron Perm ($250 and up). **U damage:** If your hair feels more like st than silk, order Paul Brown's Rejuvena Cocktail ($35 for kit; call 800-338-00 which contains Resurrect Conditioner, K Nut "Hot" Oil, and a shine serum called mond Heads that makes hair sparkle a seals and protects the cuticle (outer laye

IDAHO

Graeber & Company
350 North 9th St., Suite 103, Boise, Id 83702; 208-343-4915
Specialty: Cut and color. ***Freebie:*** F makeup application ($30 value) with service (cuts, $28 and up; color, $65 up). **Smooth finish:** If your hair is wav curly, don't overdry when styling. S while hair is slightly damp and let it dry urally. This prevents fried ends and m tains the spring in curls and waves.

INDIANA

Reeda Todd, An Aveda Lifestyle Salon Spa *(contin*

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BEST HAIR SECRETS
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11693 Fall Creek Rd., Indianapolis, Indiana 46256
Specialty: Color based on cut. ***Freebie:*** A free Finishing Touch makeup application and a five-minute hand and neck massage (value, $30) with any service (cut, $60 and up; color, $95 and up). **Soothe your scalp:** To help eliminate dry scalp, use a conditioning oil, such as Aveda Beautifying Composition ($18; to order, 800-328-0849) with vitamin E and jojoba oil. Apply a few drops to the scalp at night and rub in well; wash out in the morning.

IOWA

Heads-Up! Hair Care
100A West Jayne St., Lone Tree, Iowa 52755; 319-629-5234
Specialty: Color. ***Freebie:*** Complimentary 5-oz. bottle of Redken Color Extend Shampoo and Conditioner and 2-oz. bottle of Redken Color Extend Total Recharge (value, $23.85) for new color clients ($50 and up). **Bed-head fix:** To tame bed head when there's no time to shampoo, spritz dry hair with a styling product such as Redken Active Express Quick Treat ($12.95; for salons, call 800-733-5368) and blow-dry. Ten minutes is enough to perk up your style.

KANSAS

Mario Tricoci Hair Salon and Day Spa
5234 W. 119th St., Leawood, Kansas 66209; 913-327-7474
Specialty: Cuts and color. ***Freebie:*** Free Mario Tricoci System 1 or System 2 8-oz. Shampoo and Conditioner (value, $16.50) with any cut or color service (cuts, $35 and up; color, $45 and up). **Stop static:** Spray your brush with a static eliminator for clothing, such as Static Guard, and run through your hair.

KENTUCKY

Z Salon and Spa, An Aveda Concept Salon
9407 Shelbyville Rd., Louisville, Kentucky 40222; 502-426-2226
Specialty: Styling. ***Freebie:*** A free Finishing Touch makeup application and a five-minute hand and neck massage (value, $30) with any service (cut, $45 and up; color, $50 and up). **Instant ponytail:** This year the classic ponytail is a must-have style for everyone—even if your hair is short. Faux clip-on ponytails make it easy to "grow" your hair in minutes. Try Revlon Spare Hair ($28.99), available at Sally Beauty Supply (800-275-7255).

LOUISIANA

JKL "A Colour Cutting Salon"
3300 Severn Ave., Suite B, Metairie, Louisiana [illegible] 885-8999
Specialty: Color. ***Freebie:*** 8-oz. Bumble and bumble Sumotech shampoo, styling product and wax (value [illegible] with [illegible] service (cuts, $26 and up; [illegible] and up). **Add a lift:** To put more [illegible] massage a dab of styling [illegible] ms and gently [illegible] g fingers, lift small [illegible] with a spritz of [illegible]

MAINE

Amore Style
345 Fore St., Portland, [illegible] 207-774-1774
Specialty: [illegible]

Redken product (value, $8 to $17) with cut and color (cuts, $40 and up; color, $65 and up). **Hands off:** Whether your hair is naturally wavy to curly or you've put curls into straight hair, as soon as you've finished styling your hair, resist the urge to fuss with it. The more you handle it, the frizzier it can become. Touching hair fans out the hair and mashes down the curls, which is the last thing you want.

MICHIGAN

Heidi Christine Salons and Day Spas
3555 68th St., Caledonia, Michigan 49316; 616-656-8961
Specialty: Color and wellness. ***Freebie:*** 50% off any color service ($17.50 to $130). **Fatten up fine hair:** Wash hair with a volumizing formula such as Matrix Amplify Volumizing Shampoo ($8.95; for salons, 800-662-8749). Towel dry. Spray root lifter near the scalp. Toss hair upside down; as you blow-dry, rub your scalp using a circular motion with your free hand. When the hair is almost dry, flip hair up and use a round brush at the root area.

MISSISSIPPI

Phipps Salon, An Aveda Concept Salon
499 Gloster Creek Village, Suite D, Tupelo, Mississippi 38801; 662-842-9493
Specialty: Up-to-date color and highlighting techniques. ***Freebie:*** A free Finishing Touch makeup application and a five-minute hand and neck massage (value, $30) with any service (cut, $35 and up; color, $55 and up). **Fast set:** To pump body into hair that's gone flat, set four large sections at the crown with jumbo Velcro rollers. Hit rollers with a blow-dryer for five to ten minutes. Let cool, then remove rollers. Great way to add a lift before an evening out.

MISSOURI

Mario Tricoci
111 Nichols Rd., Kansas City, Missouri 64112; 816-931-9922
Specialty: Cutting-edge haircuts. ***Freebie:*** Free Mario Tricoci System 1 or System 2 8-oz. shampoo and conditioner (value, $16.50) with any haircut or color service (cuts, $35 and up; color, $45 and up). **Damage control:** A flat iron is a great way to get hair sleek. But one common mistake is to clamp the flat iron down on the section of hair. This could damage your hair. The solution: Take ½-inch sections, comb out as smooth as possible and close the flat iron over each section close to the scalp. Next, gently pull the iron through the hair in an easy, fluid motion.

MONTANA

Cedar Creek Salon & Day Spa
216 West Main St., Suite 210, Missoula, Montana, 406-543-0200
Specialty: Color. ***Freebie:*** Free revitalizing scalp treatment (value, $25) with any haircut ($26 and up). **Easy waxing:** For a fun, choppy hair look, use a styling wax such as Bumble and bumble Sumotech ($18; to order, 800-728-6253). Once hair is dry, rub a dab between the palms of your hands. Starting in the back, massage wax into hair and work forward so there is not too much product in front. The wax will give hair the hold of a hairspray but leave tresses more flexible.

NEBRASKA

Thomas Sena, The Salon
11033 West Maple Rd., Omaha, Nebraska 68154; 402-493-3200
Specialty: Cut, color and extensions. ***Freebie:*** Free Hair Color Root Blast (coloring or lightening hair at the roots; regularly $40) with the purchase of any regular-size Bumble and bumble product ($9.99 to $18.99). **No time to shampoo?** Flip hair forward and lightly sprinkle on baby powder. Thoroughly massage powder through hair, then brush it. Powder absorbs excess oil, helping to create more volume for easy styling. Works best on blond and light brown haircolor.

NEW JERSEY

Donsuki
12 East Palisade Ave., Englewood, New Jersey 07631; 201-569-7117
Specialty: Cuts and color. ***Freebie:*** 10% off cut or color ($75 and up), and a free sample kit from the Suki Hair Care line (value, $15). **Grow out bangs in style:** To keep bangs out of your eyes, apply a super-hold styling gel to damp bangs and blow-dry to one side. Clip with a bobby pin or barrette if they're on the short side.

NEW YORK

Riverspa
50 South Buckhout St., Irvington-on-Hudson, New York 10533; 914-591-5757
Specialty: Precision haircuts and client education. ***Freebie:*** 10% off your first cut or color (cuts, $45 and up; color, $75 and up), plus a free 15-minute scalp massage and deep conditioning treatment (value, $25). **Diffuser how-to:** Attach a diffuser to your blow-dryer to spread heat over larger areas and keep curly hair smooth. Make sure your hair is wet and saturated with a styling product before you begin. Keep your dryer on low and hold diffuser an inch or two from hair. One section at a time, grasp hair, push it inward and squeeze. Don't run fingers through hair. For more volume, flip head upside down and move dryer from nape of neck to crown.

NORTH DAKOTA

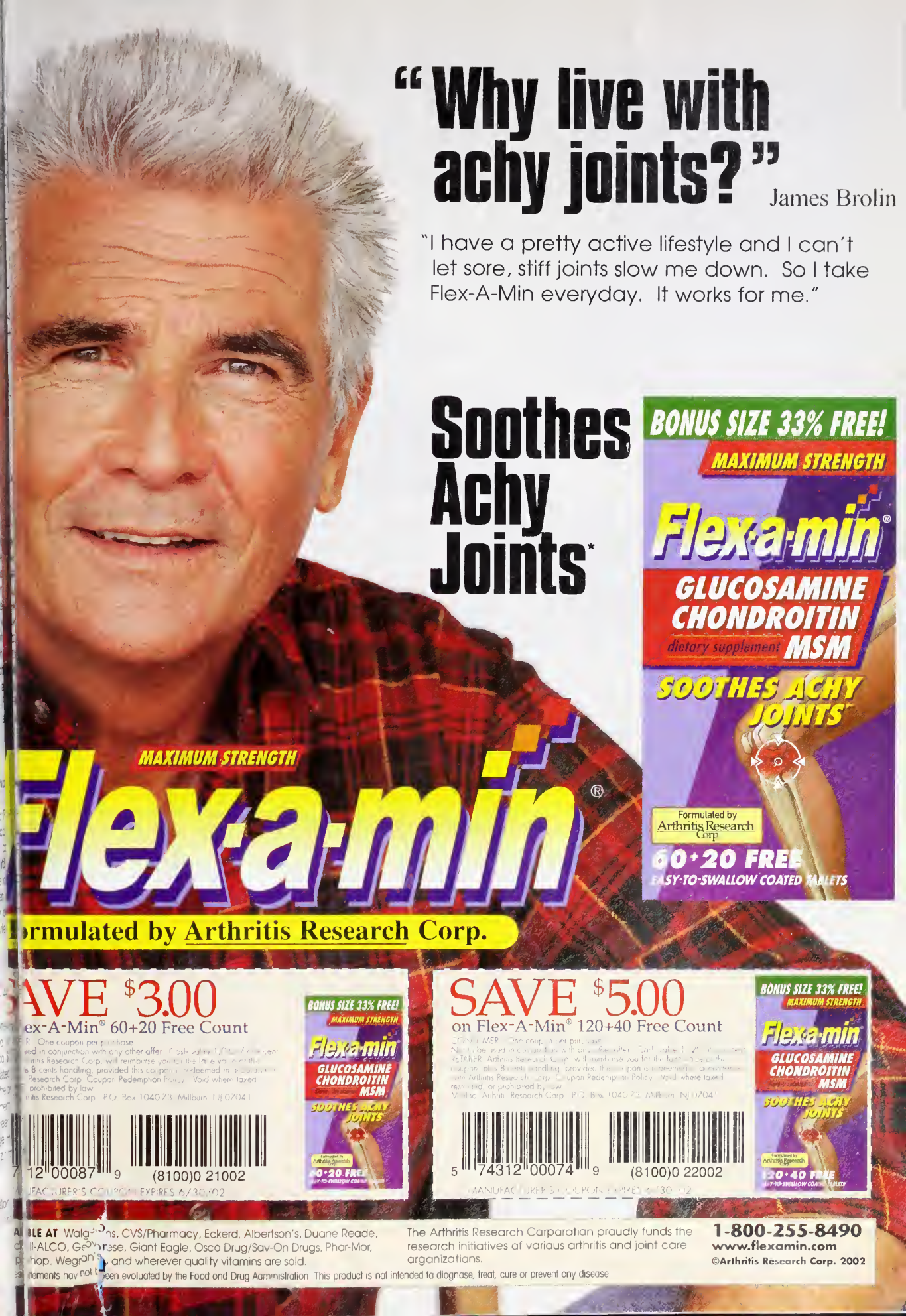
Face to Face for Wellness & Beauty
1015 Fifth Ave. NE, Jamestown, North Dakota 58401; 701-251-1618
Specialty: Corrective color. ***Freebie:*** Free 8-oz. Aveda Color Conditioner, a color-enhancing formula ($19 value) with color treatment (color, $38 and up). **Cool it!** For long-lasting body and shine, use the cool shot button on your blow-dryer. When your hair is completely dry, give it another one over with cool air to lock in the style and discourage flyaways.

OHIO

Sheer Professionals
2912 Cleveland Rd., Wooster, Ohio 44691; 330-345-8666
Specialty: Makeovers and image consulting. ***Freebie:*** Free 4-oz. Matrix shampoo (value $5.25) with any color service ($40 to $1[illegible]). **Color protector:** To keep color-treated hair from turning brassy when you're at the beach or pool, comb a conditioning treatment with sunscreen through your hair, and wear a hat to keep it moist. Try Matrix Biolage Hydrating Active Hair Masque ($10.95 for 4 oz.; for salons, call 800-662-8749).

OKLAHOMA

RossEdward Sebastian Grand Salon
1730-A S. Boston, Tulsa, *(continues)*


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BEST HAIR SECRETS
Continued

Oklahoma 74119; 918-584-0337
Specialty: Creative/corrective color. ***Freebie:*** Complimentary cut (value, $40) with any color service ($55 and up). **Smooth out roller ridges:** If a roller set leaves sections with ridges, spray them with a leave-in conditioner, such as Sebastian Titanium Protector ($9.95; for salons, call 800-829-4422). Rewind those sections around rollers and blow-dry completely.

RHODE ISLAND

Fred's Place A Sebastian Elite Salon
1701 Cranston St., Cranston, Rhode Island 02920; 401-942-1200
Specialty: Cuts and color. ***Freebie:*** Sebastian Cello shampoo for color-treated hair (value, $7) with any service ($30 to $70). **Go for the gold:** When highlighting African-[illegible] opt for golden glints. Warm, sunn[illegible] flatter darker complexions better t[illegible] fashion tones. Consult a professiona[illegible] chemically altered (relaxed, [illegible]eated) in the past, [illegible] affect the results of new color treatments.

SOUTH [illegible]

Stuart Lawrence Salon
455 King St., [illegible], South [illegible] Carolina 29403; 843-[illegible]
Specialty: H[illegible] and color. ***Freebie:*** Free bottle of B[illegible]

conditioner (value, $12 to $14) with purchase of any 2 Bumble and bumble or Tigi products ($12 to $20). **Basics on bangs:** Even if you're not ready for a regular aliover trim, have your stylist snip your fringe. Make sure bangs are trimmed at an angle, not straight across, so that they blend into the rest of the cut.

SOUTH DAKOTA

Fantastic Sams
1727 W. Main St., Rapid City, South Dakota 57702; 605-342-2073
Specialty: Cuts, perms and color. ***Freebie:*** $2 off a cut or $5 off a color (cuts, $13.95 and up; color, $44.95 and up; highlights, $49.95 and up; $20 for 4 or 5 highlights). **Save on highlights:** If a full head of highlights is out of your budget, opt for four or five well-placed foils. For example, highlighting sections that frame your face will add just enough color for a sun-kissed look, at half the price of regular highlights.

UTAH

Marc Raymond Salon
2080 Gold Dust Lane, Park City, Utah 84098; 435-647-0500
Specialty: Cut and color. ***Freebie:*** Free deep-conditioning treatment (value, $25) with any service (cuts, $33 to $45; color $50 to $120), or 10% off color service. **Fave hair saver:** Bumble and bumble Sunspray ($15; to order, 800-728-6253) with UV filters. Apply before going in the sun to protect your color—whether it's natural out of a bottle—from fading.

VIRGINIA

ColorWorks Salon
Pentagon Row, 1101 South Joyce S Arlington, Virginia 22202; 703-416-1102
Specialty: Color. ***Freebie:*** $15 off hair or service ($40 to $200), a compliment makeup touch-up and consultation (va $25), and a complimentary travel-s Redken Color Extend shampoo and c ditioner (value, $3 each). **Hard-wa cure.** Residue from the minerals in h water, especially chlorine, can leave dull and flyaway. Use a clarifying sh poo once or twice a week to rem buildup. If your hair is color-treated, m mize fading with a color-enhancing sh poo and conditioner.

WYOMING

Bradley Aveda Day Spa
601 SE Wyoming Blvd., Casper, Wyor 82609; 307- 234-9033
Specialty: Cuts and color. ***Freebie:*** scalp treatment (value, $25) with any and style (cut, $25 to $65; color, $7 $120). **Best brush:** Aveda Wooden Brush ($12; to order, call 800-328-0 The patented bristles are meant to re stress on your tresses—they won't gra snag the hair. The brush is flexible en to easily roll the hair when blow-dryi to make it straight. It also creates li grabbing the hair at the root. ■

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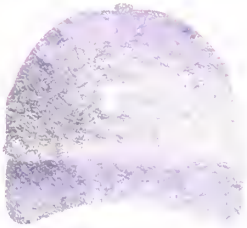
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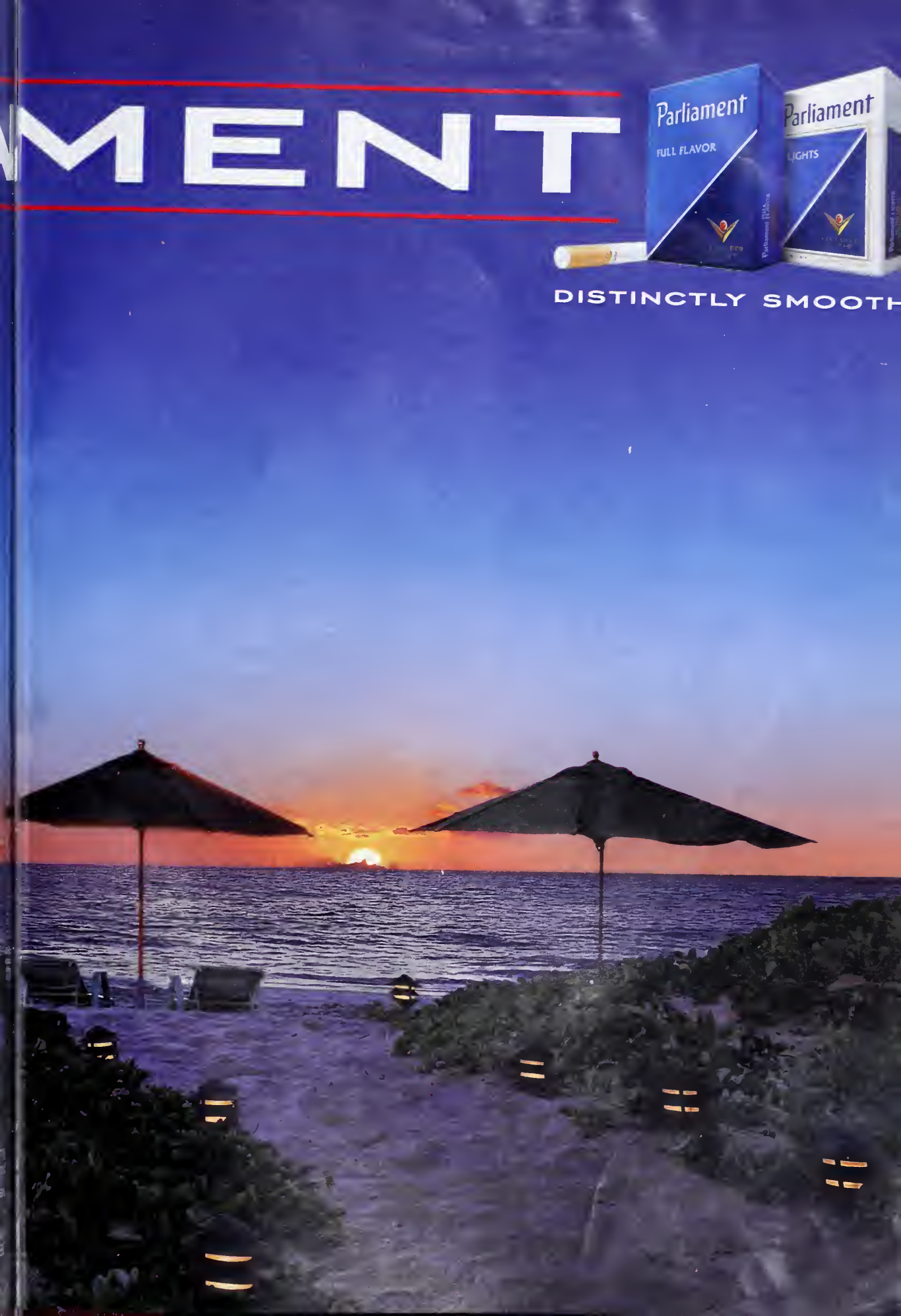
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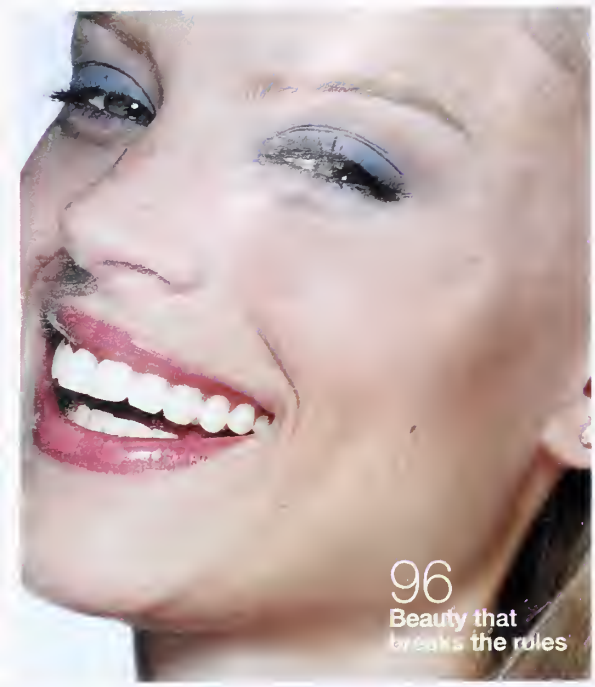
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LADIES' HOME JOURNAL®
editor's journal



Strong women, strong stories

by Myrna Blyth

SINCE ITS INCEPTION one hundred and nineteen years ago, *Ladies' Home Journal* has always reported on gutsy women who have done the unexpected. In this issue there are three very different stories about three very different women who are trying hard to be true to themselves. First, there is our cover girl, Kathie Lee Gifford, who is admittedly in a state of transition from one stage in her life and her career to another. In a revealing interview conducted by Meredith Berkman, Kathie Lee is unusually honest and forthcoming about her life, her latest decisions and her new goals.

LHJ has always reported on gutsy women who do the unexpected and prevail

Another remarkable woman is Dianne Chaffin, featured in "The Woman Who Cheated Death" (page 88). This piece is written by Kathryn Casey, one of the *Journal*'s favorite writers, who has written many articles about strong women who cope in challenging circumstances. And Dianne, as you will discover, certainly has intestinal fortitude and plenty of staying power. She has managed to fight against debilitating illness and survive a chilling array of natural disaste

Finally, there is an article by Mar McSally, a lieutenant colonel in t Air Force who is America's highe ranking woman fighter pilot.

Martha, a soldier and patriot, wou do anything for her country, I belie except go agai her deeply he principles. Curre ly she is suing S retary of Defen Donald Rumsfe Find out why page 100, and th tell us what you think of her actions.

Another special piece in this iss is the *Ladies' Home Journal*/Co TV Safety Challenge (page 108). L has partnered with Court TV to gi you the latest and most helpful inf mation on how to cope when fac with the perils we all now fear. sure to watch the *Court TV/Ladie Home Journal Safety Challenge: T New Meaning of Safe*, on Wednesda April 3, at 10 P.M., E.T., and Sunda April 7, at 10 P.M., E.T.

Also, have a happy, flower-fill Mother's Day. I deserve it! You d serve it!

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contributors



BRUCE SLEZAK

Shooting "Recipes My Mother Taught Me" (page 146), about dishes that have been in Italian chef Lidia Bastianich's family for four generations, was one delicious assignment for this photographer. "You can't beat an assignment where you get to eat pizza and gnocchi," says Slezak, whose work has also appeared in *Gourmet*.

DIANNE HALES



This reporter busts the myth in "Stroke Alert: You're Never Too Young" (page 78) that all stroke patients are elderly. "Strokes can occur in women of any age, even those in seemingly perfect health," says Hales, who also wrote "The Gratitude Diet" (page 64).

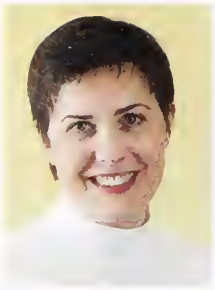


MONISA LIND

Lind, who illustrated "The Best Doctors for Families, Coast to Coast" (page 124), says that going to the doctor gives her the heebie-jeebies, but drawing them is a pleasure. "I enjoyed creating illustrations that had to be serious yet soft," says Lind, who lives in Paris. Her work has also appeared in *Glamour*.

MARYN REPINSKI

Repinski wrote "Perfect Your Skin" (page 45), about how to tackle everything from brown spots to blemishes. "With all of the recent advancements in skin care, it takes most people about six months to undo thirty years of damage," she says. Repinski has also written for *Fitness* and *Shape*.





[illegible] BERKMAN

Berkman, who wrote "The Confessions of Kathie Lee" (page 84), about the former talk-show host's life post-Regis, saw firsthand the changes in Kathie Lee Gifford. "She has a new sense of peace now that she's out of the spotlight she once craved," says Berkman, who also writes for *Newsday*.

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letters



Readers found the Bushes inspirational

Cheers for the First Couple

"George & Laura: Love & Marriage" (February) was refreshing and inspirational. As a teacher and parent, I appreciate Laura's commitment to promoting reading and good education. As an American, I am grateful for all George Bush has said and done to make us feel better after September 11. As a married woman, I am relieved to have a President and First Lady who can show the nation the meaning of true commitment. And as a Christian, I admire their faith.
Kristen Lake, Black River, New York

Romantic interlude

After reading "Away for the Weekend" (February), I decided to plan a private getaway for me and my husband, but with a little twist. Since I don't sleep well away from home, the sitter is taking our three kids to a local motel for the night while my husband, a busy surgeon, and I stay home. (Now, if I can just get him to turn off his beeper!) I appreciate the idea and the article.
Darcey Beale, Benton, Kentucky

Free at last

I was deeply touched by "First Person: I Found a New Life" (February). Abuk Bak's courage must be commended, not only for escaping a life unthinkable to most Americans, but also for starting a new life in a land so different from her home. She is truly an inspiration to young women everywhere for her advocacy for others still suffering. I pray that her father makes his way back to his family safely and that Ms. Bak and women like her will continue to help free others in slavery.
April Goebel, Nitro, West Virginia

Focus on ADD

Thank you for the couple featured in February's "Can This Marriage Be Saved? He's So Darn Inconsiderate." I was diagnosed with attention deficit disorder at age 35 and my only regret is that my condition was not recognized earlier. Perhaps your article will help some see themselves in David [the husband in the story] and seek diagnosis and treatment.
Pam Fisher, Randallstown, Maryland

Testing kids' limits

We have experienced the public school systems in four states, two of which you mentioned in "To Test or Not to Test?" (February). There is definitely not much room for following the students' interests, nor is there much latitude for the different developmental stages of young children. Accountability and high performance are noble goals, but we have to remember that this pressure is falling on the youngest of shoulders.
Jeanne Park, Stephens City, Virginia

We want to hear from you
Got a rant or a rave about a story in our magazine? Send your comments to *lhj@mdp.com* (it's easier for us to respond quickly to e-mail). If you want your letter to be considered for publication, please include your full name, address and daytime phone number. Letters may be edited for space and clarity.

My hero: Mom

We recently asked readers to send us essays explaining why their mothers are their heroes. Starting this month, we'll be printing the best ones in upcoming issues.

My mother, Nafisa, was born and raised in Karachi, Pakistan. At 17, she was forced into an arranged marriage and moved with this man to the U.S. She slowly came to realize that her husband was abusive and controlling. Eleven years later, she gained the courage to leave the only life she knew in search of a better one for herself and her four children.

My mother worked nights and put herself through nursing school during the day. After receiving her degree, she became an obstetrics nurse at a hospital while caring for other families in her spare time. She has been the most loving, giving, selfless and understanding mother any child could ask for. Anyone who is blessed to have her in his or her life understands her strength and spirit.

Thanks to our mother's sacrifices and guidance, we children all became honors students, achieving our own goals. My mother says that we are her greatest accomplishment, and she seeks only our love and approval. The best way to grant her wish is to share my love and approval of her with the world.
Nadia Lakhani, 25, Oxford, Massachusetts



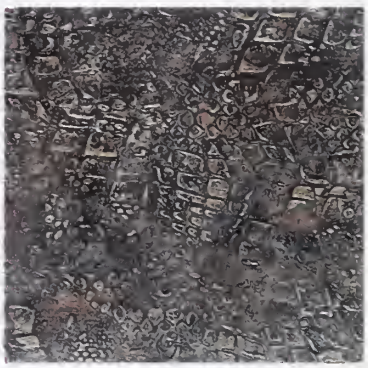
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THIS MONTH

Peacock party

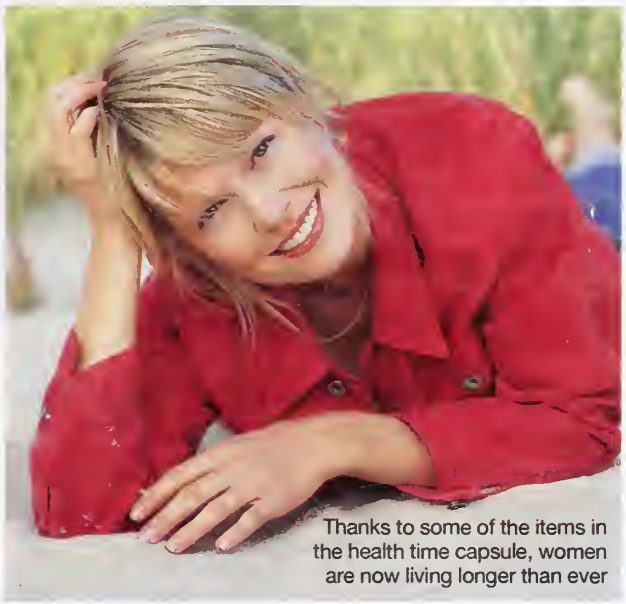
Proving there was life before *Friends*, NBC celebrates its 75th anniversary this month with a host of "must-see" programming. Such network mainstays as Tom Brokaw and Kelsey Grammer can be seen on a live, three-hour special May 5 showcasing NBC's most memorable moments. Other anniversary events—including a *Cosby Show* special (May 19)—are scheduled throughout the month (check local listings).

Getting carded

This year, National Postcard Week, held during the first week of May, might finally get its due. Concerns about tainted mail even have publicists for such Hollywood heavies as Tom Cruise asking fans to mail postcards instead of letters. Postcard Week was created in 1984 to spotlight the more than 100 postcard collecting clubs in the U.S. (For details, contact John McClintock, P.O. Box 765, Manassas, VA 20108.)



LHJ makes health history



Thanks to some of the items in the health time capsule, women are now living longer than ever

Stories about cancer—from the latest risks to promising new treatments—may be commonplace today. But in 1913, when *Ladies' Home Journal* ran an article about the disease, mere mention of the "C word" was groundbreaking.

That step, as well as LHJ's ongoing coverage of women's health issues, has earned the magazine yet another place in history: The Office on Women's Health, part of the U.S. Department of Health and Human Services, will include the 1913 article and an entire issue of LHJ from 1927 in a time capsule to be buried the week of May 12 at the National Institutes of Health, in Bethesda, Maryland. "The most amazing feat is that women have a much longer life expectancy now than they did a hundred years ago, and future generations need to see how hard women worked for this," says Wanda K. Jones, Dr. PH., director of the Office on Women's Health. As for the inclusion of this magazine in the capsule, to be unearthed 98 years from this month, Jones stresses: "For more than a century, LHJ has focused its credible health content on prevention [of cancer]."

—Meredith Franco

What's in the capsule

Here are a few of the items the women of 2100 will find when they unearth the time capsule:

- A 1913 article from LHJ and a 1927 issue (below)
- *Healthy Heart Handbook for Women*
- Sunblock cream
- A pregnancy calendar
- "What Every Woman Should Know About Menopause" pamphlet
- A mammogram
- The Surgeon General's report on smoking and women's health
- Oral contraceptive pills and male condoms





THIS MONTH WITH . . .

Jami Gertz

Actress Jami Gertz, 36, best known for such films as *Twister*, *Less Than Zero* and, most recently, an Emmy-nominated guest shot on TV's *Ally McBeal*, is tackling her most challenging role yet: starring in ABC's *It's Always Something: The Gilda Radner Story*, based on the late comedienne's autobiography. (Check local listings.)

Landing the role: "I was euphoric and insane all at once. It meant leaving my three children and husband at home in Los Angeles to go to Canada for five weeks, and it meant a lot of logistical work to get my family situation under control."

Prepping to be Gilda: "I'm lucky that there's a lot of old *Saturday Night Live* tape, her *Gilda Live* show on tape and her books on tape, which she read herself. I just immersed myself in Gilda land. I also talked to a lot of people about her, especially [her husband] Gene Wilder."

Wilder's words: "He told me he really thought Gilda would beat the cancer, which I found beautiful. That her husband kept that faith is just remarkable."

Portraying so beloved a personality: "It's daunting. After I'd said yes to the project, everyone started telling me what they loved about her. I can only do my best and hope people get the essence of Gilda."

Her transformation: "I had over one hundred wardrobe changes. We found the original Roseanne Roseannadanna outfit, which we had to redo a little: Gilda was so skinny, and I'm an eater from way back. But we did the best we could."

What's funny: "I've always enjoyed comedy and making people laugh. To get the masses to kind of giggle along with you is not easy. Gilda had great timing, and she had great character."



Gertz will play comedienne Gilda Radner (inset)

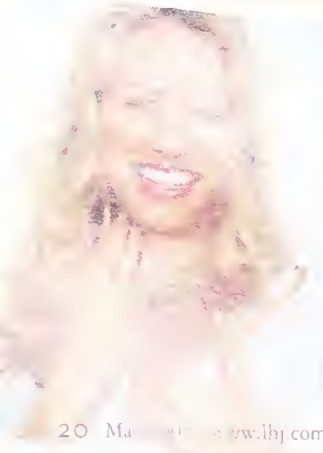
THE NEW NEW THING

The heat is on

What's hot in grilling? It's becoming more of a year-round, daylong activity and not just a summer-weekend staple. With that in mind, Char-Broil has designed its new model, The Big Easy, for those who would cook *all* their meals—breakfast, lunch and dinner—on the grill if they could. Its features include a griddle and a smoker ($299; call 800-352-4111 or log on to *www.charbroil.com* for details).



Scent of a man



Are you drawn to the scent that lingers after your significant other leaves the room? We asked three women to wear their man's favorite cologne—which happen to be among 2001's five top-selling men's fragrances. The results:

"My husband didn't notice. We joke that even if the house was on fire, he wouldn't smell it."—*Diane Margolis-Baum, 44, student and mom, West Bloomfield, Michigan (Eternity for Men)*

"My boyfriend asked if I'd used a different perfume than normal. He said he liked my other one better."—*Lisa Gutman, 25, senior research analyst, New York City (Romance for Men)*

"It made me miss my husband more than I usually do during the day."—*Stacy Koon, 29, in sales for corporate instructional videos, Graham, North Carolina (Obsession for Men)*



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A WOMAN TO WATCH

Nia Vardalos





Vardalos with John Corbett in *Wedding*

When she had no luck landing good roles, actress Nia Vardalos, 33, did not complain: She wrote her own show. And then her luck changed. Her one-woman play, *My Big Fat Greek Wedding*—loosely based on Vardalos' experience in getting her family to accept her non-Greek husband—was running in Los Angeles last year when she was discovered by Tom Hanks and his wife, Rita Wilson (who is also of Greek heritage). The couple loved the show and produced the just-released film version of it, with Vardalos as the star.

"They were great," Vardalos says of Hanks and Wilson. "They guided me through the whole [film-making process] without ever making me feel like I was an idiot. Tom is everything we thought he was: the all-American guy with traditional values. He's hilarious, and Rita is, too." Working with one of Hollywood's top celebrity couples wasn't the Canadian-born comic's first big break: In 1990, while toiling in a comedy club box office, one of the performers fell ill, and Vardalos was able to talk her way into filling in for her. Now working on a sitcom for CBS, Vardalos offers this advice on pursuing your dreams: Don't bang your head against a brick wall, "Go around it."

LHJ poll: All's fair in war

What are women thinking right now? About 65 percent said they wanted revenge right after 9/11, according to the LHJ Voice of Real Women poll conducted by the polling company; 57 percent say they still want retribution. Other highlights:

66% of women vs. 60 percent of men support efforts to restrict the freedom of some individuals as a way to guard against terrorism.

63% of women supported metal detectors in public buildings just after the attacks. Today, 47 percent feel that way.

22% of women said they now fear losing their job, while three times as many are worried about another terrorist attack.

68% of women rate their personal finances as good or excellent, but only 49 percent expect them to remain that way.

59% of women vs. 33 percent of men—a margin of 2-to-1—would rather have more time than money.

buzz

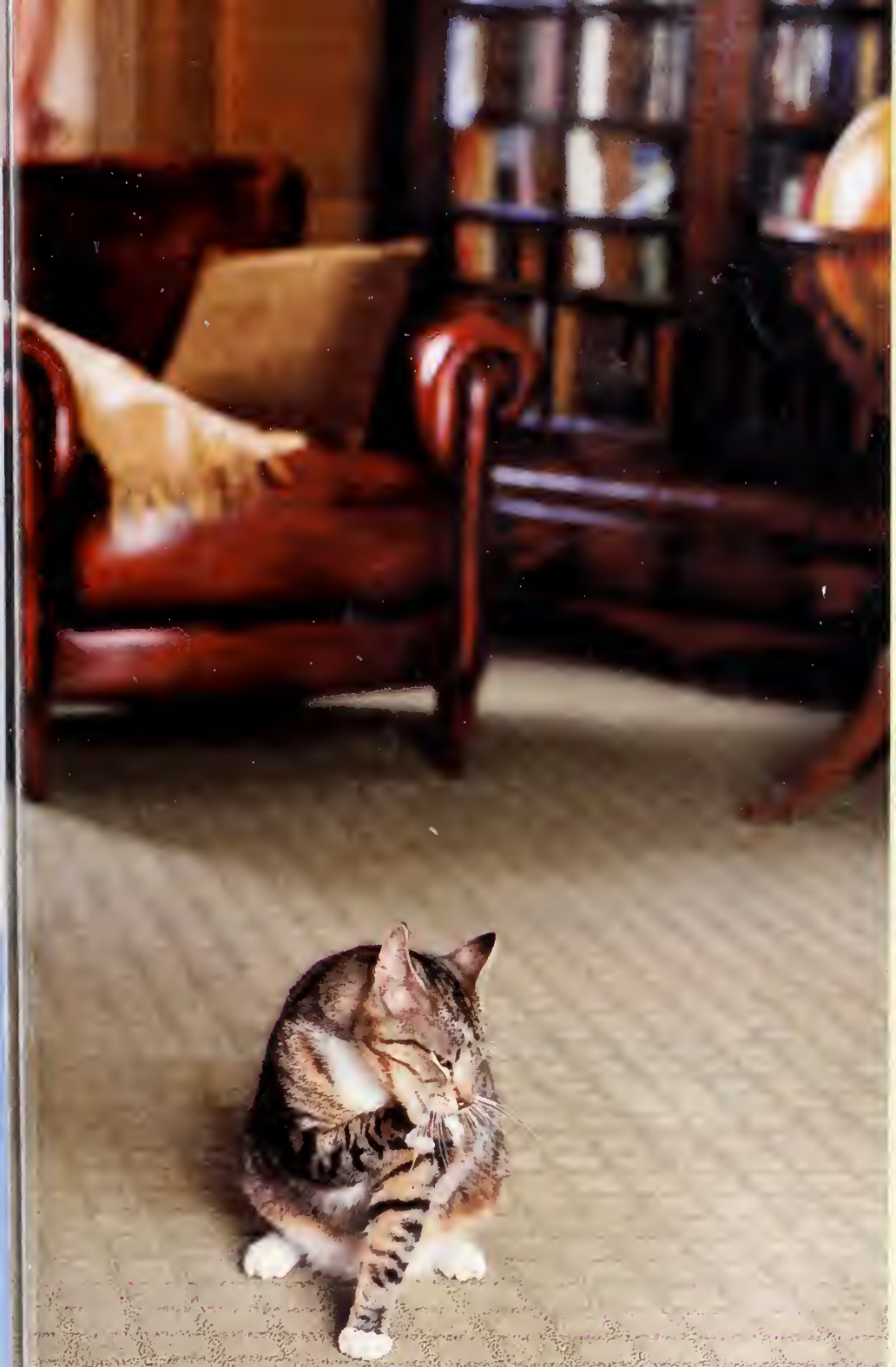
BOOKS RIGHT NOW



She made millions laugh as *The Nanny*, but Fran Drescher's life took a sobering turn when her marriage failed, her sitcom was canceled and she was diagnosed with uterine cancer. With her trademark sass, she describes her ordeals in ***Cancer Schmancer*** (Warner). Drescher, who underwent a hysterectomy, recovered with the help of alternative medicine and a younger boyfriend. Also new on shelves: ***The Bondswoman's Narrative*** (Warner) by Hannah Crafts. This 1850s work by a fugitive slave is thought to be the first novel written by an African-American woman. ***Profiles in Courage for Our Time*** (Hyperion), edited by Caroline Kennedy Schlossberg, honors the new winners of the Profiles in Courage awards for political heroism with essays by Anna Quindlen and others.



Reported by Shana Aborn, Marisa Sandora, Francesca Di Meglio, Meredith Perez, Dorie Edelstein and Dominique Andrews



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On trend

spin-art makeup

Remember spinning your own works of art at the school carnival? Those retro swirls of color are the inspiration for the new multi-hued cosmetics for eyes, lips and cheeks. Designed to give you fast, mistake-proof results, the mixture of hues formed when you sweep the brush diagonally across the palette creates a shade that works on any skin tone. Get glowing skin with **Avon Mosaic All-Over Face Powder** ($15; to order, 800-367-2866). Apply to face, décolleté or shoulders. To add a hint of blush to the face, try the pink tones in **Estée Lauder Floating Color All-Over Face and Body Powder** ($27). For glossy, rosy lips, slick on **Victoria's Secret Beauty Sexy Kiss Lip Color Swirl** in Pink Swirl, a sweet mix of pink and white ($12; to order, 800-888-8200).



Fashion flash

Making a scene

The coolest totes on the street and on the beach flaunt vignettes fashioned in raffia, such as these bathing beauties from a bygone era. From top: Paint The Lily, $100; Summer Tompkins at Pure Accessories, $190.



Celeb pick

Halle Berry gets soft, silky skin with Bare Escentuals Liquid Loofah ($11; to order, 800-227-3990). It contains crushed black-walnut shells to exfoliate, as well as chamomile and aloe vera to soothe.



Fab find

Tote your makeup in style: Sonia Kashuk Makeup Bags come in 10 convenient sizes and four fun and stylish patterns, such as this floral purse-size one ($4.99). Coated in waterproof plastic, these bags are made to last. $4.99 to $19.99; available at Target, for locations, 800-800-8800.



Bargain beauty



Perfect for a midday touchup, **Crabtree & Evelyn Facial Blotting Tissues** absorb excess oil to help control shine and can be used over your makeup. Each pack contains 65 lightly rose-scented, powdered tissues. $3; to order, call 800-272-2873.


mother
writer
shoe afficionado
wife
(not necessarily in that order)
spf 15
broad environmental protection
essential Olay moisture
C
and now, vitamin C
E
and more vitamin E
(not necessarily in that order)
OLAY
complete
UV defense
moisture lotion
vitamins E and
Because you play many important roles, so does Olay Complete.
It provides everything your skin needs most to look beautiful.
And now with vitamin C and more vitamin E. Complete does
it all, so that you can too. Including the shoes.
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Ladies' Home Journal's Beauty & Fitness Director, Carol Straley, offers insider solutions for your beauty concerns. Got a question? Send an e-mail to *helpmecarol@mdp.com*

"Help me, Carol"

Looking for a long-lasting lipstick that really does last? Need eye-opening eye makeup tricks? Read on!

lip service

Q I can't find a lipstick that doesn't wear off so quickly. Any suggestions?

A The beauty industry keeps working away at new formulas to give lipstick more staying power and yet still keep the color moist. Among the latest: **Prescriptives Incredible Lipcolor** ($17.50) has special plant ingredients to help the color last; it also contains more pigment than most lipsticks. **L'Oréal Endless 8-Hour Comfortable Lipcolour** ($9.75) has an active ingredient that evaporates slowly, giving the color time to set without drying out. No lipstick, however, is indestructible. But you should have to reapply the new long-wearing formulas only once or twice a day.



To make regular lipstick last longer, follow these tips from New York City–based makeup artist Darac:

1. Before applying lipcolor, moisten lips with a dab of eye cream; it leaves less oily residue than many lip balms.
2. Smooth a little concealer around lipline. Set the concealer with loose powder.
3. Apply lipstick, blot with a tissue, then reapply.

For more beauty advice, log on to www.lhj.com/carol

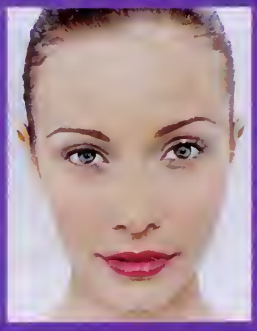


END BLOW-DRYER BURNOUT

Q It seems that every few months my blow-dryer just dies on me. How can I keep it going?

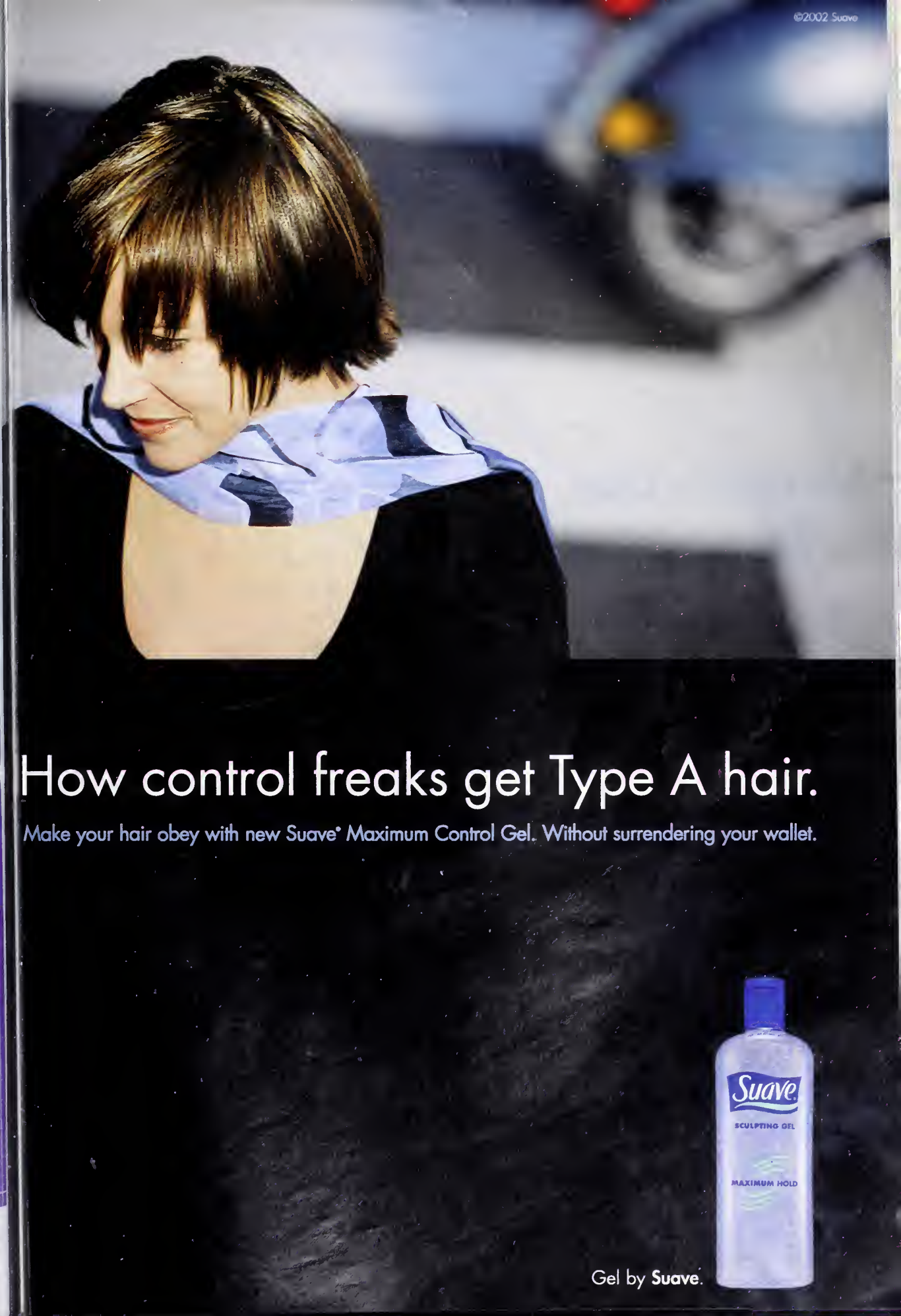
A Keep your dryer clean. If the filter becomes loaded with lint, it interferes with the airflow and the temperature starts building up, according to Jack Potts, brand manager for Vidal Sassoon appliances. Potts suggests that you wash the filter with warm water and soap every 60 to 90 days. Rinse well and make sure the filter is completely dry before replacing it. If your dryer doesn't have a filter, twist off the cap and wipe it and the grate with lint paper. Note: Always unplug the dryer first. With regular cleaning, your dryer should last up to three years.

MAXIMIZE YOUR EYES



Q My eyes are deep-set, and eye makeup just seems to make them look even smaller. What can I do?

A Dark colors create shadows and make the eyes appear to recede; light colors brighten and bring the eyes forward.So ditch the deep, smoky eyeshadows, and don't apply any neutral shadow in the creases of the lids. Paula Dorf of Paula Dorf Cosmetics suggests applying a pale (ivory, taupe, pink or light blue) eyeshadow all over the lid from lashline to brows. Apply eyeliner in an ultrathin line close to the roots of the lashes. This is the one exception to the light/dark rule because here the contrast between pale shadow and dark liner does work to open up eyes.


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The **Stila Lip Glaze Palette** contains five lip gloss duos with 10 fruit flavors. Mix them together to create dozens of shades and flavors. $45; for stores, 888-999-9039.





DESIGNER MAKEUP

Enjoy spring shades with **Christian Dior Addict Nail Enamel** ($16), **Lipstick** ($22) and **Lipgloss** ($21). This beauty trio is ready for gift-giving in a box, tied with John Galliano's signature lock.

Mother's Day beauty splurges

Treat someone you love (or pamper yourself!) with these perfect gifts that fit every budget By Jessica Goldberg



BEAUTIFUL BATH

Create your own spa with a few candles and **Back to Basics Fizzy Bath Balls, Bath Salts or Foaming Bath Powder**. Add one of these scented formulas to your bath and let their aromatherapeutic benefits relax, renew or rejuvenate you. $14.95 each; for salons, 800-456-9322.



FANTASY FRAGRANCES

Feel glamorous instantly with a few spritzes of a new floral scent. To try: **Annick Goutal Honeysuckle** ($65 for 1.7 oz.); **Creed Spring Fling** ($250 for 1.7 oz.; to order, 877-273-3369); **So You by Giorgio Beverly Hills** ($65 for 3 oz.); **Vera Wang** ($60 for 1.7 oz.).



HEAVENLY HANDS

Baby your hands with **Caswell-Massey Tender Hand Care Kit** ($32; to order, 800-326-0500). It comes with everything you need to keep your skin and nails healthy and moisturized: Rose-scented hand and cuticle creams, a glass nail file, and gloves to soften hands while you sleep.



THE ULTIMATE SPLURGE

The next best thing to having your own personal makeup artist is to have the best makeup tools. Invest in the **Kevyn Aucoin Brush Collection**, a beautiful lacquered box with 12 super-soft brushes that will last for life. ($350; to order, log on to *www.kevynaucoin.com*).



Nutritious Smoothie

ith essential skin nutrient beads, vitamin E lotion, and gentle cleansers, Dove Nutrium
ourishing body wash replenishes your skin's thirst for a healthy glow. From head to toe.



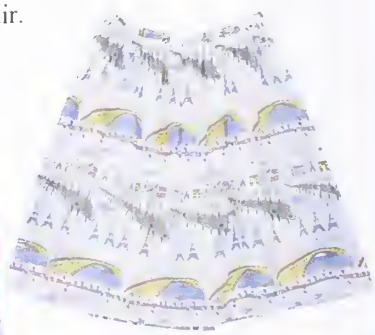
Prints charming

Time to trade in your dark, heavy winter duds for these spring delights

From bold and graphic stripes to tiny Liberty of London–style florals, prints are irresistible this season. But they're not just for blouses and tops anymore; below are just a selection of the skirts and pants sporting pretty prints right now. Tip: When wearing a print on the bottom, pair it with a knit top or tee that picks up one of the dominant colors in the print, or top with a crisp white or denim shirt or jacket for a fresh breath of spring flair.



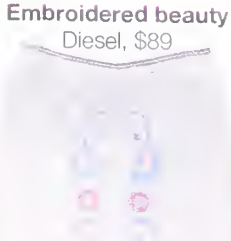
Ode to chintz
Mossimo at Target, $21.99



Paris in springtime
For Joseph, $64



Citrus stripes
&Trousers, $159



Embroidered beauty
Diesel, $89



It's a wrap
Skirt, Tocca, $172; top, DKNY Jeans, $59; sandals, Prada



Straight and narrow
Lynn Lugo at Item Showroom, $95



Off the wall
Work Order, $118



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For more information, visit www.bausch.com

*The NEI is a division of the National Institutes of Health.

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BAUSCH & LOMB

See the wonder

Drew looked forward to settling down and raising kids. But Maxine had other priorities

By Margery D. Rosen



"He wants me to be Donna Reed"

Maxine's turn

"I want a divorce," said Maxine, 27, a top acquisitions editor at a publishing house.

"Drew can have everything—the house, the cars, the dog. I'm in love with someone else, a man who doesn't try to make me into something I'm not—unlike Drew, who wants me to ditch my job, have children and stay home with them. I have no intention of doing that, at least not right now. Besides, with Drew away so much, and totally unavailable when he *is* here, what kind of father would he make, anyway?

"Drew and I first met five years ago at a party for the CEO of his company, who had just written a best-selling business book. Though Drew had a reputation as a workaholic, I saw his fun side. We talked about music, art, friends we had in common. Within three months, Drew proposed.

"Even before the wedding, I felt pressured to move in a certain direction—one I wasn't sure I wanted to take. After our first date, everyone asked, 'When's the wedding?' Then it was, 'So, when are you going to have kids?' I know people just say stuff like that, but Drew assumes things, too, and makes decisions about our lives without bothering to consult me first.

"When we were engaged, Drew started looking for a house right away and told the Realtor that he wanted a place in a good school district. That surprised me—we'd never even talked seriously about kids or schools—but he seemed so happy that I never said anything. What keeps us going now isn't passion or romance, but decorating projects and financial planning.

"Ever since Drew launched his own brokerage company, he's been traveling constantly, and often at the last minute. He'll call from a taxi on the way to the airport to say, 'I'm off to Minneapolis.' Then I don't hear from him for days. When he returns, he runs around to the mechanic and the dry cleaner. I'd be happy just to go for a walk with him, but he's always in a rush to get things done.

"Yet when it comes to my own job, Drew is unsupportive. He never postpones any of his trips in order to attend my company's social functions, even though he knows they're important. He'd rather discuss adding a new deck to the house than ask me about the deals I've made. When I come home tired, he'll say something like, 'Maybe it's time to cut back on your hours—or see what *(continued)*

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(continued) other jobs are out there.'

"My career is exciting but challenging, and with the industry in a slump right now, my performance is especially important. If I lose an author to a competitor, I don't want to speak to anyone until I get my head together. But when I'm in that kind of mood, Drew doesn't console me or give me a pep talk. He just says, 'Don't worry, hon. It won't be long before you can kick back and have a baby.' I don't appreciate having my work dismissed that way.

"And I don't want to be like my mother. I think she secretly wanted to work, but she had to stay home with me and my two brothers. Don't misunderstand—my folks had a great marriage. We rarely saw them argue. But it was my dad, a lawyer, who got to travel to all these exciting places for weeks at a time. I missed him terribly.

"I was a self-motivated kid, a real perfectionist. In college, I was excited when a campus recruiter told me about the opportunity in publishing. It was a challenge moving so far from home, but I loved the work. I thought Drew understood how much it means to me, but clearly he doesn't.

"For a long time, I thought Drew might be dismissing me because I wasn't loving or sexy enough. So I'd cook a special dinner, and he would wolf it down and then go pack for his next trip. I'd cuddle next to him on the sofa, and he'd move away. But I sucked up my pain, telling myself that I was just being selfish.

"With Drew traveling all the time, I started to go out for drinks or dinner with friends from work. That's how I met Bruce, and one thing led to another. After we slept together for the first time, I was sick with guilt, but then I realized that I wouldn't have done it unless I was very unhappy. Bruce listens and gives me sensible advice. He knows how to relax, be spontaneous and have fun. And he never tells me I should quit my job.

"When I told Drew that I was leaving, he apologized for not paying enough attention to me. But I honestly don't think he can change."

Drew's turn:

"I can't believe Maxine cheated on me," said a tearful Drew, 30, a self-employed investment broker.

"I'm a wreck. I've bought five relationship books to figure out what went wrong and how to get her back.

"I honestly had no idea that Maxine was this unhappy, especially now that all our dreams are coming true: We have a nice house in a great neighborhood, solid investments and good jobs. If we work hard and save money for the next few years, when we have kids we'll be able to afford to cut back on our workload and really enjoy being with them.

"Despite what Maxine thinks, I'm thrilled that she's doing so well in her career. I just thought that we both wanted to shift our priorities from work to family eventually. Does Maxine seriously expect to keep up this kind of pace when we do have kids? Her job is consuming her life, and I wonder if she's really as happy as she claims to be. When a deal doesn't go perfectly, she withdraws and snaps, and nothing I say makes her feel better. How can I *not* suggest that she think about reducing her hours or even finding another job? Somewhere along the line, you have to make compromises, and if this career isn't working for her, then why not start there?

"I thought Maxine wanted to shift from work to family"

"I admit I'm not crazy about the nights Maxine spends out drinking with her colleagues, especially if that's what led to the affair. But I can hardly tell her what to do, when my own job requires me to travel all the time. What I do understand is how hard it is not to get wrapped up in work. When I'm home from a trip, I'm so scattered that I don't know which errands to do first. I've always felt guilty about being away so much, and I realize I haven't been a good "corporate husband" to Maxine.



But I had no idea I was literally pushing her out the door.

"When we first started dating, I suppose I was more attentive and romantic. But it's hard to focus on things like flowers and weekend trips now when I feel so responsible. We've got a mortgage and, eventually, college funds to think of. Although Maxine doesn't realize it, I'm trying to build a marriage that's solid and steady, like the one my parents had.

"My mom, a psychologist, and my dad, a physician, were loving, responsible folks who never fought. We ate our meals together and *(continued)*


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20 TABLETS
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canthismarriagebesaved?

(continued) did things as a family on the weekend. Though I was a bit of a loner, I was a good student and athlete; I was always waiting for the next challenge.

"I got an MBA before taking a job at an international company. My goal then was to be the vice president by the time I was thirty. A year ago, I left the job to start my own business. I've done well financially, but clearly I've failed in every other area.

"I love Maxine so much that I'll let her go if that's what she wants. But I hope she'll give me a chance to be the husband she's always wanted."



The counselor's turn:

"Maxine and Drew had a 'polite' marriage," said the counselor.

Both avoided confrontation, just as their parents had. What's more, they had never hammered out the specifics of their plans for the future. Drew had assumed that Maxine wanted the settled family life he was working hard to provide, simply because she hadn't told him otherwise.

Like many people who are afraid of commitment, Maxine found it easier to focus on what Drew wasn't giving her than to acknowledge her part in the marital mess.

"Much as he loved Maxine, Drew was afraid of pushing her further away by objecting to her affair. But, I said, sometimes you have to risk losing someone before they realize that you are serious. Finally, Drew found the courage to order Maxine out of the house until she was ready to work on this relationship. Maxine spent the next two months living with friends; finally, realizing that she didn't want to lose Drew, Maxine ended her affair and moved back home.

"I suggested that we try to figure out what she had really been running away from. Drew's constant traveling—and his unavailability when he was home—probably made her feel as abandoned as she had felt when her father took long business trips. 'You're withdrawing to protect yourself,' I explained.

"Both Drew and Maxine prided themselves on being good communicators, yet they'd never had any meaningful conversations about their goals. Maxine expected her husband to know instinctively how much her work meant to her and what direction she wanted her life to take. I urged her to talk about her goals and feelings.

"When it's time to start a family, we'll both be ready," said Maxine

"Similarly, Maxine had assumed that Drew was negating her work, when in reality, he was trying to help in the only way he knew how. She also realized that as much as she loved the challenge of her job, the stress was indeed piling up. One way for both of them to cope was by talking about their day. They found it a very helpful way to reconnect and feel supported.

"Now, for the first time, these two were ready to discuss where they saw themselves in a year, in five, in ten. Maxine said she did want children, but not for a few more years. That plan was fine with Drew. 'I didn't mean to imply that I was rushing her to start a family,' he told me.

"Intimacy doesn't always come naturally, no matter how much two people love each other; it takes time and skill. These two now pay attention to the small things that trouble them and voice their feelings as they come up so hurts don't become deep wounds later on. They're spending more of their free time having fun together, and they kiss and hug often. While Drew is on business trips he calls frequently to say, 'I miss you,' instead of assuming that she knows.

"For Drew, recovering from Maxine's infidelity will take time. 'When you feel emotionally shaky, tell her,' I said. As the betraying partner, Maxine has the responsibility of listening to his pain. After Drew vents, Maxine tells him, 'I love you, and you're the only man I want.'

"'I've re-ordered my priorities,' Maxine said during our last session. "I now know that I can count on Drew to be there for me in every way. And I feel confident that my choices are right for me. When the time comes to start a family, we'll know it, and we'll both be ready.'" ■

"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on information from the files of Bonnie Eaker Weil, Ph.D., a family therapist based in New York City. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation. For more stories of couples in crisis, go to the Love Channel of *www.lhj.com* and click on "Can This Marriage Be Saved?"



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Your job vs. your family

Our guest therapist addresses your questions about love and marriage



This month, we're introducing a new addition to our popular column. We asked Bonnie Eaker Weil, Ph.D., a family therapist based in New York City and author of Make Up, Don't Break Up *(Adams Media)—and the counselor in this month's "Can This Marriage Be Saved?" case—to answer these common questions about marriage and work issues.*

Q I've got a huge crush on my boss and think about him all the time. I love my husband, but he's not as charming or interesting as this man, and our marriage is in a rut. Are these feelings a sign that my marriage is in trouble?

A Think of this as a wake-up call, not a death knell. All relationships need periodic tune-ups to avoid getting into a rut.

Having fantasies is fine, as long as you don't act on them. But instead of spending your energy obsessing over your boss, start redirecting that energy back to your husband. For example, write a list of things you love about him. Keep the list in your desk and refer to it often.

Another good idea: Tell your husband exactly what you need from him in order to feel cherished, whether it's more cuddling and kissing or a phone call during the day to check in. Make room in your schedule for romantic evenings and fun activities. Intimacy takes time and effort to maintain, but this work is vital to keeping your relationship fresh.

Don't even think about confessing your feelings to your boss. An office romance would be disastrous both for your marriage and your career.

Q I'm up for a promotion. It would mean working longer hours and sacrificing time with my family. But it would also mean a lot more money—which we really need. How do I make such a tough choice?

A It's easy to understand why you feel so torn by this decision. As you struggle with it, remember that you can achieve a good work/home balance by enlisting your family's support.

Talk to your husband and children. Explain what the benefits of your new position would be, as well as the potential problems, and ask for their input. Discuss how you'll all work as a team to keep things running smoothly at home. If everyone feels that they're a part of the decision, they'll be less likely to resent your long hours. If you take the job, schedule family meetings once a week to discuss how the arrangement is working out.

When you are home, give each family member—especially your husband—one-on-one time. If it becomes clear after a while that the benefits of the bigger paycheck aren't worth the sacrifice, you may have to rethink your choice. But if everyone cooperates, you should be able to meet the needs of both your job and your family.

Q My husband and I have been running our own company for two years. Now he wants us to hire his brother, who is lazy and unmotivated. His brother and I have never gotten along very well. How can I make my husband see what a mistake it would be to bring him into the business?

A In family therapy, we say that if one person thinks there is a problem, then there *is* one. Therefore, your husband needs to honor your perceptions and wishes. Most likely, things will only become more tense between you and your brother-in-law if you become co-workers, which could, in turn, have an adverse effect on your marriage.

Don't tell your husband how you personally feel about his brother; that will only make him defensive. Instead, simply say that family businesses are complex and fragile to begin with, and that bringing a relative into the mix would be risky. You could add, "You and Mike are such close brothers, and I'd hate to see any bad blood between you two if things didn't work out." ■

Do you have a marriage problem you can't seem to resolve? Send your questions to *ctm@mdp.com*. We'll be choosing selected ones for our guest therapist to answer each month.

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Shake Well Before Using

BRIEF SUMMARY

CONTRAINDICATIONS

Hypersensitivity to any of the ingredients of this preparation contraindicates its use.

WARNINGS

The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal; *e.g.*, joint and/or muscular pain, lassitude and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

Children who are on immunosuppressant drugs are more susceptible to infections than healthy children. Chickenpox and measles, for example, can have a more serious or even fatal course in children on immunosuppressant doses of corticosteroids. In such children, or in adults who have not had these diseases, particular care should be taken to avoid exposure. If exposed, therapy with varicella-zoster immune globulin (VZIG) or pooled intravenous immunoglobulin (IVIG), as appropriate, may be indicated. If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS

General: In clinical studies with triamcinolone acetonide nasal spray, the development of localized infections of the nose and pharynx with *Candida albicans* has rarely occurred. When such an infection develops it may require treatment with appropriate local or systemic therapy and discontinuance of treatment with **Nasacort AQ** Nasal Spray.

Nasacort AQ Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract or in patients with untreated fungal, bacterial, or systemic viral infections or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids, in patients who have experienced recent nasal septal ulcers, nasal surgery, or trauma, a corticosteroid should be used with caution until healing has occurred. As with other nasally inhaled corticosteroids, nasal septal perforations have been reported in rare instances.

When used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, **Nasacort AQ** Nasal Spray should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with **Nasacort AQ** Nasal Spray should receive the following information and instructions. Patients who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles and, if exposed, to obtain medical advice.

Patients should use **Nasacort AQ** Nasal Spray at regular intervals since its effectiveness depends on its regular use. (See **DOSAGE AND ADMINISTRATION**.)

An improvement in some patient symptoms may be seen within the first day of treatment, and generally, it takes one week of treatment to reach maximum benefit. Initial assessment for response should be made during this time frame and periodically until the patient's symptoms are stabilized.

The patient should take the medication as directed and should not exceed the prescribed dosage. The patient should contact the physician if symptoms do not improve after three weeks, or if the condition worsens. Patients who experience recurrent episodes of epistaxis (nose bleeds) or nasal septum discomfort while taking this medication should contact their physician. For the proper use of this unit and to attain maximum improvement, the patient should read and follow the accompanying patient instructions carefully.

It is important to shake the bottle well before each use. **Also, the bottle should be discarded after 120 actuations since the amount of triamcinolone acetonide delivered thereafter per actuation may be substantially less than 55 mcg of drug.** Do not transfer any remaining suspension to another bottle.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In a two-year study in rats, triamcinolone acetonide caused no treatment-related carcinogenicity at oral doses up to 1.0 mcg/kg (approximately 1/30 and 1/50 of the maximum recommended daily intranasal dose in adults and children on a mcg/m^2 basis, respectively). In a two-year study in mice, triamcinolone acetonide caused no treatment-related carcinogenicity at oral doses up to 3.0 mcg/kg (approximately 1/12 and 1/30 of the maximum recommended daily intranasal dose in adults and children on a mcg/m^2 basis, respectively).

No mutagenicity studies with triamcinolone acetonide have been performed.

In male and female rats, triamcinolone acetonide caused no change in pregnancy rate at oral doses up to 15.0 mcg/kg (approximately 1/2 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Triamcinolone acetonide caused increased fetal resorptions and stillbirths and decreases in pup weight and survival at doses of 5.0 mcg/kg and above (approximately 1/5 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). At 1.0 mcg/kg (approximately 1/30 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), it did not induce the above mentioned effects.

Pregnancy: *Teratogenic Effects. Pregnancy Category C.* Triamcinolone acetonide was teratogenic in rats, rabbits, and monkeys. In rats, triamcinolone acetonide was teratogenic at inhalation doses of 20 mcg/kg and above (approximately 7/10 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). In rabbits, triamcinolone acetonide was teratogenic at inhalation doses of 20 mcg/kg and above (approximately 2 the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). In mo triamcinolone acetonide was teratogenic at an inhalation dose of 500 mcg/kg (ap mately 37 times the maximum recommended daily intranasal dose in adults on a m basis). Dose-related teratogenic effects in rats and rabbits included cleft palate and/or ir hydrocephaly and axial skeletal defects, whereas the effects observed in the monkey cranial malformations.

There are no adequate and well-controlled studies in pregnant women. Therefore, tr nolone acetonide should be used in pregnancy only if the potential benefit justifi potential risk to the fetus. Since their introduction, experience with oral corticosterc pharmacologic as opposed to physiologic doses suggests that rodents are more pr teratogenic effects from corticosteroids than humans. In addition, because there is a ral increase in glucocorticoid production during pregnancy, most women will require a exogenous corticosteroid dose and many will not need corticosteroid treatment pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born of mothers rec corticosteroids during pregnancy. Such infants should be carefully observed.

Nursing Mothers: It is not known whether triamcinolone acetonide is excreted in huma Because other corticosteroids are excreted in human milk, caution should be exercised **Nasacort AQ** Nasal Spray is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 6 years not been established.

Corticosteroids have been shown to cause growth suppression in children and teen particularly with higher doses over extended periods. If a child or teenager on any co teroid appears to have growth suppression, the possibility that they are particularly se to this effect of corticosteroids should be considered.

ADVERSE REACTIONS

In placebo-controlled, double-blind, and open-label clinical studies, 1483 adults an dren 12 years and older received treatment with triamcinolone acetonide aqueous spray. These patients were treated for an average duration of 51 days. In the controll als (2-5 weeks duration) from which the following adverse reaction data are derived, patients were treated with **Nasacort AQ** Nasal Spray for an average of 19 days. In a term, open-label study, 172 patients received treatment for an average duration of 286

Adverse events occurring at an incidence of 2% or greater and more common a **Nasacort AQ**-treated patients than placebo-treated patients in controlled adult clinica were:

Adverse Events	Patients treated with 220 mcg triamcinolone acetonide (n=857) %	Vehicle Placebo (n=962) %
Pharyngitis	5.1	3.6
Epistaxis	2.7	0.8
Increase in cough	2.1	1.5

A total of 602 children 6 to 12 years of age were studied in 3 double-blind, placeb trolled clinical trials. Of these, 172 received 110 mcg/day and 207 received 220 mcg/ **Nasacort AQ** Nasal Spray for two, six, or twelve weeks. The longest average durati treatment for patients receiving 110 mcg/day and 220 mcg/day were 76 days and 80 respectively. Only 1% of those patients treated with **Nasacort AQ** were discontinued adverse experiences. No patient receiving 110 mcg/day discontinued due to a serious a event and one patient receiving 220 mcg/day discontinued due to a serious event th considered not drug related. Overall, these studies found the adverse experience pro **Nasacort AQ** to be similar to placebo. A similar adverse event profile was observed in atric patients 6-12 years of age as compared to older children and adults with the exc of epistaxis which occurred in less than 2% of the pediatric patients studied.

Adverse events occurring at an incidence of 2% or greater and more common among patients treated with placebo than **Nasacort AQ** were: headache, and rhinitis. In children 6 to 12 years these events included: asthma, epistaxis, headache, infection, otitis sinusitis, and vomiting.

In clinical trials, nasal septum perforation was reported in one adult patient although tionship to **Nasacort AQ** Nasal Spray has not been established.

In the event of accidental overdose, an increased potential for these adverse experi may be expected, but acute systemic adverse experiences are unlikely. (See **OVERDOS**

OVERDOSAGE

Like any other nasally administered corticosteroid, acute overdosing is unlikely in v the total amount of active ingredient present. In the event that the entire contents of th tle were administered all at once, via either oral or nasal application, clinically sign systemic adverse events would most likely not result. The patient may experience som trointestinal upset.

Caution: Federal law prohibits dispensing without prescription.

Please see product circular for full prescribing information.

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Get the red out



• **Problem:** R[illegible]
• **Causes:** Most likely rosacea, a chronic condition that first appears as a flushing or subtle redness on the cheeks, nose, chin or forehead. Rosacea progresses from intermittent mild redness to persistent ruddiness and permanent, dilated blood vessels and acne-like bumps.
• **Beauty fix:** Rosacea responds well to treatment, but is not curable. Treatment includes prescription topical and oral antibiotics, which help prevent pimples and redness. In severe cases, Accutane may also be prescribed. Pulsed-dye lasers such as the Vbeam (cost, $500) can treat broken capillaries and may decrease the need for topical medication. Gentle, hypoallergenic products are also in order. **B. Kamins, Chemist Booster Blue Rosacea Treatment** ($59.50; 888-252-6467), which neutralizes redness with its light blue hue, contains calming ingredients.
• **Health saver:** To prevent redness, identify—and then try to avoid—what triggers your episodes of intense flushing and blushing. Common triggers are spicy or piping-hot foods, caffeine, alcohol, stress, heat, sun, wind, exercise and anything—including facial steaming, massage and hot water—that brings blood to the face. Switch to physical sunblocks. They're less likely to irritate skin since they contain ingredients such as zinc oxide or titanium dioxide that reflect UV rays and aren't absorbed into skin. To ensure complete protection from UVB rays, Maritza Perez advises one with octyl methoxycinnamate, which, she says, is the most hypoallergenic.

No glow?

• **PROBLEM:** Dullness
• **CAUSES:** Beginning around age 30, your skin's natural ability to slough off dead cells from the surface slows down. As the dry, dead cells build up, skin looks dull.
• **BEAUTY FIX:** Regular exfoliation brings fresh, translucent cells to the surface. Try creams or lotions with alpha- and beta-hydroxy acids (which dissolve the "glue" that keeps dead cells attached to skin) or retinoids (forms of vitamin A, including retinol and Renova, that speed up cell renewal). One choice: **Elizabeth Arden Ceramide Defining Skin Brightener** ($49.50) with light-reflective particles for instant radiance. At night, cleanse with a facial scrub made with rounded microbeads to gently wash away the dead cells loosened by AHAs and retinoids. Try **Aveeno Skin Brightening Daily Scrub** ($13.99).
• **HEALTH SAVER:** Moist cells slough off more easily than hard, dry cells, so keep skin moisturized. Choose products made with both occlusive ingredients (such as petrolatum and dimethicone, which trap water in the skin) and humectants (such as hyaluronic acid, urea and lactic acid, which bind water to the skin).



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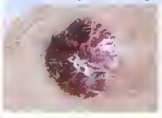


Lives will be saved by the new arsenal of treatments being developed today

Two decades ago, you had a 1 in 250 chance of developing melanoma, the most lethal form of skin cancer. Today, your chance is 1 in 41. Even more alarming: One in 5 Americans will get skin cancer—melanoma or the less life-threatening basal- or squamous-cell cancers—at some point in their lives. And skin cancer is striking at younger ages. "Twenty years ago, it was unusual to see people under forty with skin cancer," says Darrell S. Rigel, M.D., clinical professor of dermatology at New York University, in New York City. "Now it's more common among people in their twenties." Here are some of the latest advances in the battle to detect, prevent and treat the disease. **By Deborah Pike Olsen**

• **High-tech screening** Currently, dermatologists use their own judgment to determine whether to biopsy a suspicious mole. Sometimes this leads to unnecessary biopsies, which can cause scarring. Digital imaging, which renders a magnified, detailed picture, could eliminate the guesswork. There are two ways it may be useful: to help a dermatologist decide whether to perform a biopsy, or to store pictures of multiple moles so a doctor can check for changes later. "Five years from now, we may be able to prevent eighty percent of [unnecessary] skin biopsies," says Rigel.

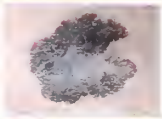
How to spot danger



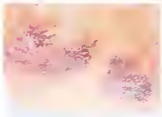
Actinic keratoses Also called sun spots; these are rough, scaly, slightly raised growths



Basal-cell carcinoma The most common of all skin cancers; highly treatable



Squamous-cell carcinoma Often found on the rim of ear or lower lip



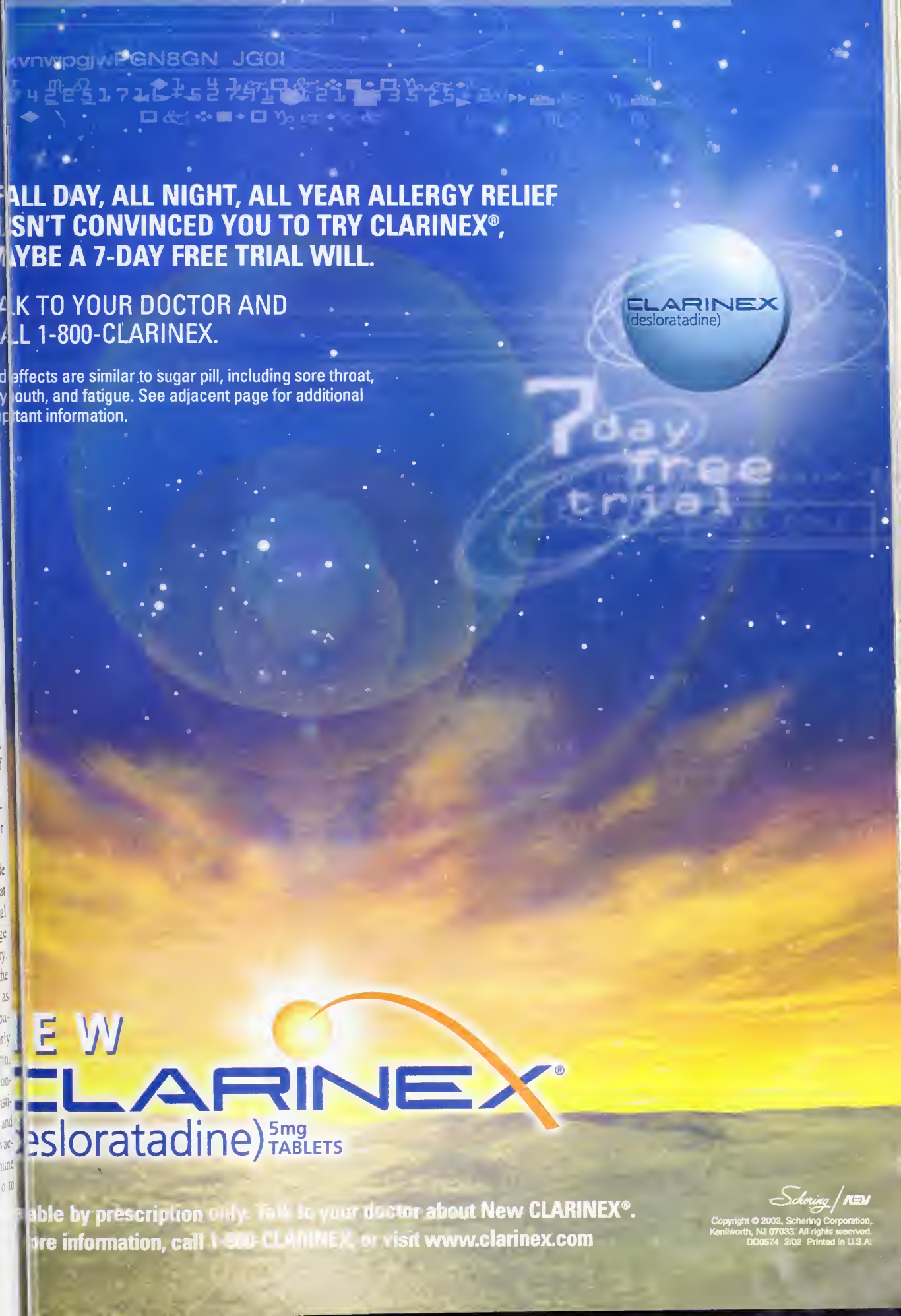
Melanoma The most serious form of skin cancer; can be deadly

• **Wiping skin cancer away** A recent study has shown that a cream called Aldara, used to treat genital warts, can destroy superficial basal-cell cancers. Patients applied the cream twice a day, and in six weeks, the cancers were gone. Although there were side effects—redness, itching and burning—the skin heals more quickly and cosmetic results are better than with traditional surgery, says Rigel. Other research indicates that the drug is effective in treating squamous-cell cancers and actinic keratoses, precancerous lesions. The drug, which works by stimulating the immune system, is already being used by some dermatologists, but is still awaiting FDA approval for this use.

• **Zapping sun spots** Photodynamic therapy is a new way to destroy multiple actinic keratoses, scaly red spots that may become cancerous. Here's how it works: A chemical called aminolevulinic acid is applied, and after 16 hours, a blue light is shone on the skin. The light activates the chemical, destroying precancerous cells. In a recent study, the therapy destroyed nearly 90 percent of the lesions. Drawbacks? The treatment stings, and it's expensive—$200 to $300.

• **A smart bomb for melanoma?** Studies of Gleevec, a drug that was recently approved to treat chronic myelogenous leukemia, are under way on melanoma patients. Gleevec stops the activity of an enzyme that's increased in certain cancers, including melanoma. It's considered a "smart bomb" in treating this kind of leukemia because, unlike most cancer drugs, Gleevec targets only cancerous cells. The result: greater effectiveness and fewer side effects.

• **A shot for survival** A worldwide study is under way on a vaccine that has been shown to double survival rates in patients with late-stage melanoma when given after surgery. Some patients who have received the vaccine have been cancer-free for as long as 13 years; one stage IV patient has been cancer-free for nearly 18 years, says Donald L. Morton, M.D., medical director and surgeon-in-chief at John Wayne Cancer Institute, in Santa Monica, California, and the creator of the vaccine. The vaccine, which jump-starts the immune system, may be available in two to three years.


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CLARINEX®
(desloratadine)
TABLETS

Brief Summary (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE: Allergic Rhinitis: CLARINEX Tablets 5 mg are indicated for the relief of the nasal and non-nasal symptoms of allergic rhinitis (seasonal and perennial) in patients 12 years of age and older.

Chronic Idiopathic Urticaria: CLARINEX Tablets are indicated for the symptomatic relief of pruritus, reduction in the number of hives, and size of hives, in patients with chronic idiopathic urticaria 12 years of age and older.

CONTRAINDICATIONS: CLARINEX Tablets 5 mg are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients, or to loratadine.

PRECAUTIONS: Carcinogenesis, Mutagenesis, Impairment of Fertility: The carcinogenic potential of desloratadine was assessed using loratadine studies. In an 18-month study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg/day in mice (estimated desloratadine and desloratadine metabolite exposures were approximately 3 times the AUC in humans at the recommended daily oral dose) and 25 mg/kg/day in rats (estimated desloratadine and desloratadine metabolite exposures were approximately 30 times the AUC in humans at the recommended daily oral dose). Male mice given 40 mg/kg/day loratadine had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg/day and in males and females given 25 mg/kg/day. The estimated desloratadine and desloratadine metabolite exposures of rats given 10 mg/kg of loratadine were approximately 7 times the AUC in humans at the recommended daily oral dose. The clinical significance of these findings during long-term use of desloratadine is not known.

In genotoxicity studies with desloratadine, there was no evidence of genotoxic potential in a reverse mutation assay (*Salmonella/E. coli* mammalian microsome bacterial mutagenicity assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenicity assay and mouse bone marrow micronucleus assay).

There was no effect on female fertility in rats at desloratadine doses up to 24 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 130 times the AUC in humans at the recommended daily oral dose). A male specific decrease in fertility, demonstrated by reduced female conception rates, decreased sperm numbers and motility, and histopathologic testicular changes, occurred at an oral desloratadine dose of 12 mg/kg in rats (estimated desloratadine exposures were approximately 45 times the AUC in humans at the recommended daily oral dose). Desloratadine had no effect on fertility in rats at an oral dose of 3 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 8 times the AUC in humans at the recommended daily oral dose).

Pregnancy Category C: Desloratadine was not teratogenic in rats at doses up to 48 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 210 times the AUC in humans at the recommended daily oral dose) or in rabbits at doses up to 60 mg/kg/day (estimated desloratadine exposures were approximately 230 times the AUC in humans at the recommended daily oral dose). In a separate study, an increase in preimplantation loss and a decreased number of implantations and fetuses were noted in female rats at 24 mg/kg (estimated desloratadine and desloratadine metabolite exposures were approximately 120 times the AUC in humans at the recommended daily oral dose). Reduced body weight and slow righting reflex were reported in pups at doses of 9 mg/kg/day or greater (estimated desloratadine and desloratadine metabolite exposures were approximately 50 times or greater than the AUC in humans at the recommended daily oral dose). Desloratadine had no effect on pup development at an oral dose of 3 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 7 times the AUC in humans at the recommended daily oral dose). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, desloratadine should be used during pregnancy only if clearly needed.

Nursing Mothers: Desloratadine passes into breast milk, therefore a decision should be made whether to discontinue nursing or to discontinue desloratadine, taking into account the importance of the drug to the mother.

Pediatric Use: The safety and effectiveness of CLARINEX Tablets in pediatric patients under 12 years of age have not been established.

Geriatric Use: Clinical studies of desloratadine did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy (see **CLINICAL PHARMACOLOGY – Special Populations**).

Information for Patients: Patients should be instructed to use CLARINEX Tablets as directed. As there are no food effects on bioavailability, patients can be instructed that CLARINEX Tablets may be taken without regard to meals. Patients should be advised not to increase the dose or dosing frequency as studies have not demonstrated increased effectiveness at higher doses and somnolence may occur.

ADVERSE REACTIONS: Allergic Rhinitis: In multiple-dose placebo-controlled trials, 2,834 patients received CLARINEX Tablets at doses of 2.5 mg to 20 mg daily, of whom 1,655 patients received the recommended daily dose of 5 mg. In patients receiving 5 mg daily, the rate of adverse events was similar between CLARINEX and placebo-treated patients. The percent of patients who withdrew prematurely due to adverse events was 2.4% in the CLARINEX group and 2.6% in the placebo group. There were no serious adverse events in these trials in patients receiving desloratadine. All adverse events that were reported by greater than or equal to 2% of patients who received the recommended daily dose of CLARINEX Tablets (5.0 mg once-daily), and that were more common with CLARINEX Tablet than placebo, are listed in Table 5.

Table 5

Incidence of Adverse Events Reported by ≥ 2% of Allergic Rhinitis Patients in Placebo-Controlled, Multiple-Dose Clinical Trials

Adverse Experience	CLARINEX Tablets 5 mg (n=1,655)	Placebo (n=1,652)
Pharyngitis	4.1%	2.0%
Dry Mouth	3.0%	1.9%
Myalgia	2.1%	1.8%
Fatigue	2.1%	1.2%
Somnolence	2.1%	1.8%
Dysmenorrhea	2.1%	1.6%

The frequency and magnitude of laboratory and electrocardiographic abnormalities were similar in CLARINEX and placebo-treated patients.

There were no differences in adverse events for subgroups of patients defined by gender, age, or race.

Chronic Idiopathic Urticaria: In multiple-dose, placebo-controlled trials in chronic idiopathic urticaria, 211 patients received CLARINEX Tablets and received placebo. Adverse events that were reported by greater than or equal to 2% of patients who received CLARINEX Tablets and that were more common with CLARINEX than placebo were (rates for CLARINEX and placebo, respectively): headache (14%, 13%), nausea (5%, 2%), fatigue (5%, 2%), dizziness (4%, 3%), pharyngitis (3%, 2%), dyspepsia (3%, 1%), and myalgia (3%, 1%).

The following spontaneous adverse events have been reported during marketing of desloratadine: tachycardia, and rarely hypersensitivity reactions (such as rash, pruritus, urticaria, edema, dyspnea, and anaphylaxis), and elevated liver enzymes including bilirubin.

DRUG ABUSE AND DEPENDENCE: There is no information to indicate that abuse or dependency occurs with CLARINEX Tablets.

OVERDOSAGE: Information regarding acute overdosage is limited to experience from clinical trials conducted during the development of the CLARINEX product. In a dose ranging trial, at doses of 10 mg and 20 mg somnolence was reported.

Single daily doses of 45 mg were given to normal male and female volunteers for 10 days. All ECGs obtained in this study were manually read in a blinded fashion by a cardiologist. In CLARINEX-treated subjects, there was no increase in mean heart rate of 9.2 bpm relative to placebo. The QT interval was corrected for heart rate (QT_c) by both the Bazett and Fridericia methods. Using the QT_c (Bazett) there was a mean increase of 8.1 msec in CLARINEX-treated subjects relative to placebo. Using QT_c (Fridericia) there was an increase of 0.4 msec in CLARINEX-treated subjects relative to placebo. No clinically relevant adverse events were reported.

In the event of overdose, consider standard measures to remove any unabsorbed drug. Symptomatic and supportive treatment is recommended. Desloratadine and 3-hydroxydesloratadine are not eliminated by hemodialysis.

Lethality occurred in rats at oral doses of 250 mg/kg or greater (estimated desloratadine and desloratadine metabolite exposures were approximately 120 times the AUC in humans at the recommended daily oral dose). The median lethal dose in mice was 353 mg/kg (estimated desloratadine exposures were approximately 290 times the human daily oral dose on a mg/m² basis). No deaths occurred at oral doses up to 250 mg/kg in monkeys (estimated desloratadine exposures were approximately 810 times the human daily oral dose on a mg/m² basis).

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2/02 **2388211**

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WOMEN'S SAFETY

Check out the Ladies' Home Journal and Court TV Safety Challenge Special Report on page 108 created with Court TV.

Tune in to the Ladies' Home Journal and Court TV Safety Challenge on April 3 at 10:00 pm on Court TV.

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Mother's Day 2002

M is for the many faces of motherhood, as women today continue to call the shots on when, how and under what terms they tackle the job. Some still start their families very young, as actress Reese Witherspoon did at 23. Others are becoming mothers at an age when most women are cooing over the grandkids: Texas Senator Kay Bailey Hutchison adopted two babies—daughter Bailey and son Houston—last year at age 58. New advances in fertility treatments make miracles possible for women like Kelsey Grammer's wife, Camille Donatacci. Unable to carry a child to term naturally, she recently had a biological baby girl via a surrogate mom. (Cheryl Tiegs, at age 52, had twins using the same method.)

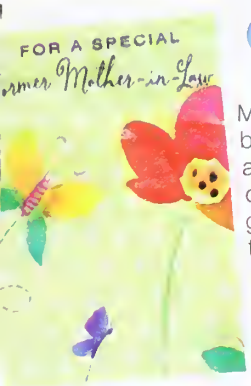


Moms like Witherspoon, Donatacci and Hutchison are doing it their way





And more moms are choosing to stay home; the number of new mothers in the workplace dropped 4 percent between 1998 and 2000, the first such reverse in 25 years.



Cards for all moms

Mother's Day is the third-biggest holiday for card sales, and, thanks to our current cultural shifts, you can send greetings of the day not just to Mom, but to your godmother or stepmother, a mom-to-be, anyone who's "like a mother" to you and—yes—even to Dad.

Do you think it's harder being a mother today?

"I'm expected to do everything plus work, and I'm exhausted. My at-home mother had time for hobbies."
Vicky Fitchett, Ontario, Canada

"My mother didn't have the worries that I do about drugs, AIDS, kidnappers and guns."
Karen Howard, Pataskala, Ohio

"I don't think it's hard to be a mother. It's a joy, even when life throws challenges into the mix."
Annie Smith, Waukesha, Wisconsin



Mommie not-so-dearest

Some mothers and daughters are extremely close—like Cindy Crawford, who bought a house in Illinois right down the street from her mother's. Other women, like Brooke Shields, Heather Graham, Natalie Cole, Demi Moore and Wynonna Judd, have had less simpatico relationships with their moms at various times in their lives. Some do eventually manage to call a truce: Moore made up with her estranged mother, Virginia Guynes, before Guynes' death in 1998 of a brain tumor. But Meg Ryan has been on the outs with her mother, Susan, for more than a decade, and Jennifer Aniston has never gotten over the remarks about her appearance that her mom, Nancy, made to a tabloid TV show several years ago.

The table is set.
The candles are lit.
The company
is inspired.



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Going solo

It wasn't so long ago that former Vice President Dan Quayle was blasting TV's Murphy Brown for having a baby out of wedlock. Now Rachel on *Friends* and Miranda on *Sex and the City* are doing the same thing, but with much less public outcry. Maybe that's because moms are increasingly going it alone: In 1998, single mothers accounted for 53 percent of all first births. Andrea Engber, founder of the National Association for Single Mothers, adds that some women don't plan to be solo moms—they just find themselves unexpectedly alone: "The test is positive, but the father isn't." Others, like Camryn Manheim, Jodie Foster and Calista Flockhart, find that their desire to be a mother is greater than the yearning to find the perfect partner first.



Clockwise from top left: Murphy and Rachel were single moms on TV; Manheim, Foster and Flockhart did it in real life

BOOK BOX

It's no accident that publishers release a slew of Mom-related books this time of year. Here's a sampling of the newest releases:

The Common Thread, by Martha Manning (William Morrow): The bonds that tie mothers and daughters.



Baby Catcher, by Peggy Vincent (Scribner): A midwife's most memorable cases.

Feathers Brush My Heart, by Sinclair Browning (Warner): Tales of dear departed mothers who send signs to their daughters from the "other side."

The Power of a Teacup, by Lissi Kaplan (Regan Books, above): Memories of tea with her mother led Kaplan to learn to paint porcelain.

LHJ poll



70 percent of women we polled say they appreciate their moms more now than they did 10 years ago.

38 percent say Mom is their best friend; 39 percent wouldn't change the way she raised them.

38 percent most often disagree with Mom on decisions involving her future; 37 percent argue over the kids.

61 percent will call their mom, give her a card or gift *and* take her out to eat this Mother's Day.

Q&A The motherhood challenge

Chérie Carter-Scott, the best-selling author of the *If Life Is a Game, These Are the Rules* series turns to parenting in her new book, *The Gift of Motherhood* (Broadway).

How has motherhood changed in recent years?

Mothers must multitask as never before. There are multiple roles, higher expectations, more options. Motherhood has now become more difficult than ever.

What makes the mother/daughter relationship so complex?

Women must prepare their daughters for a world that is totally different from the one in which they grew up. They show their daughters how to relate to the opposite sex and help them prepare for the changing job market. They must also deal with changing hormones. Menopause and puberty in the same house is a cruel joke.

Which of your book's truths about motherhood is the most surprising?

"There is no such thing as a perfect mother." Accepting your imperfections and forgiving yourself is part of the process.



REPORTED BY SHANA ABORN

It gets in your head.



Tasty, one-of-a-kind Quaker Squares.

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Somehow always on your mind.



2002 QOC



Best summer travel bargains

Five ways to save big

By Caroline Sorgen

LAST YEAR, HOLDing out for a last-minute bargain was a sure way to a cost-conscious vacation. Today, "The travel industry has been shaken up, but the savvy traveler can still find deals," says Pauline Frommer, a contributing editor at *Arthur Frommer's Budget Travel* magazine. Here, we've uncovered little-known offers and insider tips guaranteed to let you get away for less this summer.

THE SKIES HAVE IT

Watch for airline price wars and grab low-cost tickets when you first see them, suggests Tom Parsons, CEO of Bestfares.com. Can't find a decent sale? Be flexible about your choice of airport. Flying out of or into a city even 50 miles away from your destination might be worth it. Low-cost carriers force fares down for some smaller airports.

COME SAIL AWAY

More cruises will be staying closer to home this summer, sailing to the Caribbean instead of Europe. And because most of these ships are mammoth, cruise lines will compete by dropping fares. But before you book directly, try World Wide Cruises (*www.wwcruises.com*), one of a few cruise discounters, which can cut $250 to $500 from your overall costs for a family trip. Plus, they guarantee the lowest rate—even after you book—by refunding the difference if the rate drops.

TOWN AND COUNTRY

Fewer business travelers this year have left such cities as San Francisco and Chicago begging for visitors and lowering rates to attract them. Plus, prices at Washington, D.C. inns drop when Congress isn't in session, which makes the nation's capitol a good choice for summer.

Looking for a country escape? Frommer recommends summer camp—for the whole family. It's the real deal: color wars, crafts and nature walks for kids, and activities like pottery making and hikes to keep parents busy. The YMCA is just one organization that offers weeklong camps at sites across the country for about $1,000 to $1,500 per family of four. Or go national park hopping: A yearly pass ($50) admits all car passengers into all 56 parks (check out *www.nps.gov* for locations). Once there, you pay just $15 on average to reserve a spot to pitch your tent.

IGNORE THE BROCHURE

Never settle for an asking price. "Many hotels will negotiate," says Nancy Dunnan, managing editor of the newsletter *Travel Smart* (*www.travelsmartnews.com*). At larger hotels, ask to book a second room at half price; if you're staying three nights, ask for the fourth gratis. And remember: Never, ever call a hotel chain's toll-free number to book a room. "That call is going to a central clearinghouse that doesn't have authority to negotiate," says Peter Greenberg, author of *The Travel Detective: Flight Crew Confidential* (Random House, 2002). "Call the specific hotel directly and talk up the manager on duty."

AVOID CROWDS

Summer is considered "off" season for Florida beaches, the Caribbean and Puerto Rico, which means cheaper air fares and hotel rates. Plus, average temperatures still clock in under 90°F. Too hot? Think ski lodges. Most ski resorts slash prices 10 to 40 percent once the snow melts, says Nancy Dunnan, and offer family activities beginning in June. A two-bedroom condo at The Willows, in Vail, Colorado, for example, costs $190 per night in the summer—down from $550 in winter. ■

Need family-friendly travel ideas? Go to www.lhj.com/travel

LONG WITH ALL THE GREAT MEMORIES HAS COME SOMETHING I THOUGHT
D NEVER EXPERIENCE—THE PAIN OF OSTEOARTHRITIS."

—DOROTHY HAMILL



YOUR RESULTS MAY VARY.

VIOXX IS HERE. 24-HOUR RELIEF OF THE MOST COMMON TYPE OF ARTHRITIS PAIN, OSTEOARTHRITIS.

It isn't about going for a medal. Or feeling like a kid again. It's about controlling the pain that can keep you from doing everyday things. And VIOXX may help. VIOXX is a prescription medicine for osteoarthritis, the most common type of arthritis.

ONE PILL—ALL DAY AND ALL NIGHT RELIEF.

You take VIOXX only once a day. Just one little pill can relieve your pain all day and all night for a full 24 hours.

VIOXX EFFECTIVELY REDUCED PAIN AND STIFFNESS.

In clinical studies, once-daily VIOXX effectively reduced pain and stiffness. So VIOXX can help make it easier for you to do the things you want to do. Like going for a morning glide on the ice.

TAKE WITH OR WITHOUT FOOD.

VIOXX doesn't need to be taken with food. So, you don't have to worry about scheduling VIOXX around meals.

IMPORTANT INFORMATION ABOUT VIOXX.

People with allergic reactions, such as asthma, to aspirin or other arthritis medicines should not take VIOXX. In rare cases, serious stomach problems, such as bleeding, can occur without warning.

Tell your doctor if you have liver or kidney problems, or are pregnant. Also, VIOXX should not be used by women in late pregnancy.

VIOXX has been extensively studied in large clinical trials. Commonly reported side effects included upper respiratory infection, diarrhea, nausea and high blood pressure. Report any unusual symptoms to your doctor.

ASK YOUR DOCTOR OR HEALTHCARE PROFESSIONAL ABOUT VIOXX.

Call 1-800-MERCK-30 for more information, or visit **vioxx.com**. Please see important additional information on the next page.

ONCE DAILY

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(rofecoxib)

FOR EVERYDAY VICTORIES.

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Patient Information about
VIOXX® (rofecoxib tablets and oral suspension)
VIOXX® (pronounced "VI-ox")
for Osteoarthritis and Pain
Generic name: rofecoxib ("ro-fa-COX-ib")

You should read this information before you start taking VIOXX*. Also, read the leaflet each time you refill your prescription, in case any information has changed. This leaflet provides only a summary of certain information about VIOXX. Your doctor or pharmacist can give you an additional leaflet that is written for health professionals that contains more complete information. This leaflet does not take the place of careful discussions with your doctor. You and your doctor should discuss VIOXX when you start taking your medicine and at regular checkups.

What is VIOXX?

VIOXX is a nonsteroidal anti-inflammatory drug (NSAID) that is used to reduce pain and inflammation (swelling and soreness). VIOXX is available as a tablet or a liquid that you take by mouth.

VIOXX is a medicine for:
- relief of osteoarthritis (the arthritis caused by age-related "wear and tear" on bones and joints)
- management of acute pain in adults (like the short-term pain you can get after a dental or surgical operation)
- treatment of menstrual pain (pain during women's monthly periods).

Who should not take VIOXX?

Do not take VIOXX if you:
- have had an allergic reaction such as asthma attacks, hives, or swelling of the throat and face to aspirin or other NSAIDs (for example, ibuprofen and naproxen).
- have had an allergic reaction to rofecoxib, which is the active ingredient of VIOXX, or to any of its inactive ingredients. (See Inactive Ingredients at the end of this leaflet.)

What should I tell my doctor before and during treatment with VIOXX?

Tell your doctor if you are:
- pregnant or plan to become pregnant. VIOXX should not be used in late pregnancy because it may harm the fetus.
- breast-feeding or plan to breast-feed. It is not known whether VIOXX is passed through to human breast milk and what its effects could be on a nursing child.

Tell your doctor if you have:
- kidney disease
- liver disease
- heart failure
- high blood pressure
- had an allergic reaction to aspirin or other NSAIDs
- had a serious stomach problem in the past.

Tell your doctor about:
- any other medical problems or allergies you have now or have had.
- all medicines that you are taking or plan to take, even those you can get without a prescription.

Tell your doctor if you develop:
- ulcer or bleeding symptoms (for instance, stomach burning or black stools, which are signs of possible stomach bleeding).
- unexplained weight gain or swelling of the feet and/or legs.
- skin rash or allergic reactions. If you have a severe allergic reaction, get medical help right away.

How should I take VIOXX?

VIOXX should be taken once a day. Your doctor will decide what dose of VIOXX you should take and how long you should take it. You may take VIOXX with or without food.

Can I take VIOXX with other medicines?

Tell your doctor about all of the other medicines you are taking or plan to take while you are on VIOXX, even other medicines that you can get without a prescription. Your doctor may want to check that your medicines are working properly together if you are taking other medicines such as:
- methotrexate (a medicine used to suppress the immune system)
- warfarin (a blood thinner)
- rifampin (an antibiotic)
- ACE inhibitors (medicines used for high blood pressure and heart failure)
- lithium (a medicine used to treat a certain kind of depression).

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What are the possible side effects of VIOXX?

Serious but rare side effects that have been reported in patients taking V and/or related medicines have included:

- Serious stomach problems, such as stomach and intestinal bleeding, can with or without warning symptoms. These problems, if severe, could le hospitalization or death. Although this happens rarely, you should wat signs that you may have this serious side effect and tell your doctor right
- Serious allergic reactions including swelling of the face, lips, tongue, throat which may cause difficulty breathing or swallowing and whe occur rarely but may require treatment right away. Severe skin reactions also been reported.
- Serious kidney problems occur rarely, including acute kidney failur worsening of chronic kidney failure.
- Severe liver problems, including hepatitis, jaundice and liver failure, rarely in patients taking NSAIDs, including VIOXX. Tell your doctor develop symptoms of liver problems. These include nausea, tired itching, tenderness in the right upper abdomen, and flu-like symptom

In addition, the following side effects have been reported: anxiety, confusion, depre hair loss, hallucinations, increased levels of potassium in the blood, low bloc counts, palpitations, pancreatitis, tingling sensation, unusual headache with stif (aseptic meningitis), vertigo.

More common, but less serious side effects reported with VIOXX included the following:

Upper and/or lower respiratory infection and/or inflammation
Headache
Dizziness
Diarrhea
Nausea and/or vomiting
Heartburn, stomach pain and upset
Swelling of the legs and/or feet
High blood pressure
Back pain
Tiredness
Urinary tract infection.

These side effects were reported in at least 2% of osteoarthritis p receiving daily doses of VIOXX 12.5 mg to 25 mg in clinical studies.

The side effects described above do not include all of the side effects reporte VIOXX. Do not rely on this leaflet alone for information about side effects doctor or pharmacist can discuss with you a more complete list of side effec time you have a medical problem you think may be related to VIOXX, talk doctor.

What else can I do to help manage my osteoarthritis pain?

Talk to your doctor about:
- Exercise
- Controlling your weight
- Hot and cold treatments
- Using support devices.

What else should I know about VIOXX?

This leaflet provides a summary of certain information about VIOXX. If yo any questions or concerns about VIOXX, osteoarthritis or pain, talk to your professional. Your pharmacist can give you an additional leaflet that is wri health professionals.

Do not share VIOXX with anyone else; it was prescribed only for you. It sh taken only for the condition for which it was prescribed.

Keep VIOXX and all medicines out of the reach of children.

Inactive Ingredients:

Oral suspension: citric acid (monohydrate), sodium citrate (dihydrate), solution, strawberry flavor, xanthan gum, sodium methylparaben, propylparaben.

Tablets: croscarmellose sodium, hydroxypropyl cellulose, lactose, mag stearate, microcrystalline cellulose, and yellow ferric oxide.

Issued July 2001

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The gratitude diet



A little thankfulness will do you a lot of good. Are you getting your recommended daily requirement? By Dianne Hales

LIKE MANY, I'VE been counting my blessings more often these days—and adding another to the list: gratitude itself. A grateful spirit, says new research, brightens mood, boosts energy and infuses daily living with a sense of glad abundance. The meek may inherit the earth, but the grateful most enjoy their days upon it.

Although giving thanks is an ancient virtue, only recently have psychologists focused on the "trait" of gratitude—appreciation, not just for a Tiffany bauble or bouquet of roses, but for everyday things that make life a bit better. "Gratitude is an emotional and intellectual phenomenon that comes from recognition that someone has treated you benevolently," says Michael McCullough of Southern Methodist University, in Dallas, a pioneer in "positive psychology," a field that focuses on healthy behaviors and personality traits. "It's not feeling happy because something good happens, but realizing that someone who didn't have to, deliberately did something of value for you."

A truly grateful spirit responds to the simplest of unexpected gifts. Someone in the check-out line lets you slip ahead. Your husband fills up your gas tank.

(continued on page 67)

How grateful are you?

Using the scale below as a guide, write a number beside each statement to indicate how much you agree with it. **1**–strongly disagree; **2**–disagree; **3**–slightly disagree; **4**–neutral; **5**–slightly agree; **6**–agree; **7**–strongly agree

1. **I have so much in life to be thankful for.**
2. **If I had to write down everything that I'm grateful for, it would be a very long list.**
3. **I don't see much in the world to be grateful for.***
4. **I am grateful to a wide variety of people.**
5. **The older I get, the more I find myself able to appreciate the people and events that have shaped my life.**
6. **Long periods of time can go by before I feel grateful for something or someone.***

*Items 3 and 6 are reverse scored—if you gave yourself a "1," replace it with a 7, a "2" gets a 6, and so on.

Totals:

36–42: Yours is a truly grateful spirit. Continue to savor the bounty in your life.

28–35: While you are truly thankful for the good things, take time to appreciate less obvious blessings, such as a summer sunset or a child's hug.

21–27: Move appreciation up on your priority list. Stop yourself during the day to notice what's going right with your life.

14–26: Thanksgiving shouldn't be the only day you set aside for gratitude. To "grow" your gratitude habit, make a "ten things I'm thankful for" list. Leave it on your desk and add to it when you can.

7–13: You may be postponing gratitude until you win the lottery or something big. Switch focus from the great things you want, to the many good ones you already have.

This questionnaire was developed by psychologists Michael McCullough, Robert Emmons and Jo-Ann Tsang. It has been adapted with their permission.

Don't let seasonal allergy symptoms wear you down

GET REAL RELIEF WITH ALLEGRA — AND THE ALLEGRA EXTRAS PROGRAM

If seasonal allergy symptoms make it hard to enjoy being outdoors, ask your doctor about Allegra. And be sure to join the Allegra Extras Program.

Use the reply card or call **1-800-838-1840** to sign up and get this high-quality cushion to use around the yard or at your favorite sporting event. As an Allegra Extras member you'll also receive:

- A FREE Welcome Kit with tips to help you manage your seasonal allergy symptoms, and complete facts on the Allegra Extras program.
- A valuable newsletter with updates, tips, and information to help manage your seasonal allergies.

What's more, when your doctor prescribes Allegra, you may qualify for your choice of other offers and "extras" — including a rebate of up to $10 on your prescription.*

This allergy season, talk to your doctor about Allegra 180 mg. Taken once a day, Allegra 180 mg tablets relieve most seasonal allergy symptoms in people 12 and over. Side effects with Allegra 180 mg are low and may include headache, cold, or back pain.

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ALG-JA-1230-1

Brief Summary of Prescribing Information as of November 2000

ALLEGRA®

(fexofenadine hydrochloride)

Capsules and Tablets

INDICATIONS AND USAGE

Seasonal Allergic Rhinitis

ALLEGRA is indicated for the relief of symptoms associated with seasonal allergic rhinitis in adults and children 6 years of age and older. Symptoms treated effectively were sneezing, rhinorrhea, itchy nose/palate/throat, itchy/watery/red eyes.

Chronic Idiopathic Urticaria

ALLEGRA is indicated for treatment of uncomplicated skin manifestations of chronic idiopathic urticaria in adults and children 6 years of age and older. It significantly reduces pruritus and the number of wheals.

CONTRAINDICATIONS

ALLEGRA is contraindicated in patients with known hypersensitivity to any of its ingredients.

PRECAUTIONS

Drug Interaction with Erythromycin and Ketoconazole

Fexofenadine hydrochloride has been shown to exhibit minimal (ca. 5%) metabolism. However, co-administration of fexofenadine hydrochloride with ketoconazole and erythromycin led to increased plasma levels of fexofenadine hydrochloride. Fexofenadine hydrochloride had no effect on the pharmacokinetics of erythromycin and ketoconazole. In two separate studies, fexofenadine hydrochloride 120 mg twice daily (two times the recommended twice daily dose) was co-administered with erythromycin 500 mg every 8 hours or ketoconazole 400 mg once daily under steady-state conditions to normal, healthy volunteers (n=24, each study). No differences in adverse events or QT_c interval were observed when patients were administered fexofenadine hydrochloride alone or in combination with erythromycin or ketoconazole. The findings of these studies are summarized in the following table:

Effects on steady-state fexofenadine hydrochloride pharmacokinetics after 7 days of co-administration with fexofenadine hydrochloride 120 mg every 12 hours (two times the recommended twice daily dose) in normal volunteers (n=24)

Concomitant Drug	C_{maxSS} *(Peak plasma concentration)*	$AUC_{ss(0\text{-}12h)}$ *(Extent of systemic exposure)*
Erythromycin (500 mg every 8 hrs)	+82%	+109%
Ketoconazole (400 mg once daily)	+135%	+164%

The changes in plasma levels were within the range of plasma levels achieved in adequate and well-controlled clinical trials.

The mechanism of these interactions has been evaluated in *in vitro*, *in situ*, and *in vivo* animal models. These studies indicate that ketoconazole or erythromycin co-administration enhances fexofenadine gastrointestinal absorption. *In vivo* animal studies also suggest that in addition to increasing absorption, ketoconazole decreases fexofenadine hydrochloride gastrointestinal secretion, while erythromycin may also decrease biliary excretion.

Drug Interactions with Antacids

Administration of 120 mg of fexofenadine hydrochloride (2 x 60 mg capsule) within 15 minutes of an aluminum and magnesium containing antacid (Maalox®) decreased fexofenadine AUC by 41% and C_{max} by 43%. ALLEGRA should not be taken closely in time with aluminum and magnesium containing antacids.

Carcinogenesis, Mutagenesis, Impairment of Fertility

The carcinogenic potential and reproductive toxicity of fexofenadine hydrochloride were assessed using terfenadine studies with adequate fexofenadine hydrochloride exposure (based on plasma area-under-the-concentration vs. time [AUC] values). No evidence of carcinogenicity was observed in an 18-month study in mice and in a 24-month study in rats at oral doses up to 150 mg/kg of terfenadine (which led to fexofenadine exposures that were respectively approximately 3 and 5 times the exposure from the maximum recommended daily oral dose of fexofenadine hydrochloride in adults and children).

In *in vitro* (Bacterial Reverse Mutation, CHD/HGPRT Forward Mutation, and Rat Lymphocyte Chromosomal Aberration assays) and *in vivo* (Mouse Bone Marrow Micronucleus assay) tests, fexofenadine hydrochloride revealed no evidence of mutagenicity.

In rat fertility studies, dose-related reductions in implants and increases in postimplantation losses were observed at an oral dose of 150 mg/kg of terfenadine (which led to fexofenadine hydrochloride exposures that were approximately 3 times the exposure of the maximum recommended daily oral dose of fexofenadine hydrochloride in adults).

Pregnancy

Teratogenic Effects: Category C. There was no evidence of teratogenicity in rats or rabbits at oral doses of terfenadine up to 300 mg/kg (which led to fexofenadine exposures that were approximately 4 and 31 times, respectively, the exposure from the maximum recommended daily oral dose of fexofenadine in adults). There are no adequate and well controlled studies in pregnant women. Fexofenadine should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nonteratogenic Effects. Dose-related decreases in pup weight gain and survival were observed in rats exposed to an oral dose of 150 mg/kg of terfenadine (approximately 3 times the maximum recommended daily oral dose of fexofenadine hydrochloride in adults based on comparison of fexofenadine hydrochloride AUCs).

Nursing Mothers

There are no adequate and well-controlled studies in women during lactation. Because many drugs are excreted in human milk, caution should be exercised when fexofenadine hydrochloride is administered to a nursing woman.

Pediatric Use

The recommended dose in patients 6 to 11 years of age is based on cross-study comparison of the pharmacokinetics of ALLEGRA in adults and pediatric patients and on the safety profile of fexofenadine hydrochloride in both adult and pediatric patients at doses equal to or higher than the recommended doses.

The safety of ALLEGRA tablets at a dose of 30 mg twice daily has been demonstrated in 438 pediatric patients 6 to 11 years of age in two placebo-controlled 2-week seasonal allergic rhinitis trials. The safety of ALLEGRA for the treatment of chronic idiopathic urticaria in patients 6 to 11 years of age is based on cross-study comparison of the pharmacokinetics of ALLEGRA in adult and pediatric patients and on the safety profile of fexofenadine in both adult and pediatric patients at doses equal to or higher than the recommended doses.

[illegible]

ADVERSE REACTIONS

Seasonal Allergic Rhinitis

Adults. In placebo-controlled seasonal allergic rhinitis clinical trials in patients 12 years of age and older, which included 2461 patients receiving fexofenadine hydrochloride capsules at doses of 20 mg to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. All adverse events that were reported by greater than 1% of patients who received the recommended daily dose of fexofenadine hydrochloride (60 mg capsules twice daily), and that were more common with fexofenadine hydrochloride than placebo, are listed in Table 1.

In a placebo-controlled clinical study in the United States, which included 570 patients aged 12 years and older receiving fexofenadine hydrochloride tablets at doses of 120 or 180 mg once daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. Table 1 also lists adverse experiences that were reported by greater than 2% of patients treated with fexofenadine hydrochloride tablets at doses of 180 mg once daily and that were more common with fexofenadine hydrochloride than placebo. The incidence of adverse events, including drowsiness, was not dose-related and was similar across subgroups defined by age, gender, and race.

Table 1

Adverse experiences in patients ages 12 years and older reported in placebo-controlled seasonal allergic rhinitis clinical trials in the United States

Twice daily dosing with fexofenadine capsules at rates of greater than 1%

Adverse experience	*Fexofenadine 60 mg Twice Daily (n=679)*	*Placebo Twice Daily (n=671)*
Viral Infection (cold, flu)	2.5%	1.5%
Nausea	1.6%	1.5%
Dysmenorrhea	1.5%	0.3%
Drowsiness	1.3%	0.9%
Dyspepsia	1.3%	0.6%
Fatigue	1.3%	0.9%

Once daily dosing with fexofenadine hydrochloride tablets at rates of greater than 2%

Adverse experience	*Fexofenadine 180 mg once daily (n=283)*	*Placebo (n=293)*
Headache	10.6%	7.5%
Upper Respiratory Tract Infection	3.2%	3.1%
Back Pain	2.8%	1.4%

The frequency and magnitude of laboratory abnormalities were similar in fexofenadine hydrochloride and placebo-treated patients.

Pediatric. Table 2 lists adverse experiences in patients aged 6 to 11 years of age which were reported by greater than 2% of patients treated with fexofenadine hydrochloride tablets at a dose of 30 mg twice daily in placebo-controlled seasonal allergic rhinitis studies in the United States and Canada that were more common with fexofenadine hydrochloride than placebo.

Table 2

Adverse experiences reported in placebo-controlled seasonal allergic rhinitis studies in pediatric patients ages 6 to 11 in the United States and Canada at rates of greater than 2%

Adverse experience	*Fexofenadine 30 mg twice daily (n=209)*	*Placebo (n=229)*
Headache	7.2%	6.6%
Accidental Injury	2.9%	1.3%
Coughing	3.8%	1.3%
Fever	2.4%	0.9%
Pain	2.4%	0.4%
Otitis Media	2.4%	0.0%
Upper Respiratory Tract Infection	4.3%	1.7%

Chronic Idiopathic Urticaria

Adverse events reported by patients 12 years of age and older in placebo-controlled chronic idiopathic urticaria studies were similar to those reported in placebo-controlled seasonal allergic rhinitis studies. In placebo-controlled chronic idiopathic urticaria clinical trials, which included 726 patients 12 years of age and older receiving fexofenadine hydrochloride tablets at doses of 20 to 240 mg twice daily, adverse events were similar in fexofenadine hydrochloride and placebo-treated patients. Table 3 lists adverse experiences in patients aged 12 years and older which were reported by greater than 2% of patients treated with fexofenadine hydrochloride 60 mg tablets twice daily in controlled clinical studies in the United States and Canada and that were more common with fexofenadine hydrochloride than placebo. The safety of fexofenadine hydrochloride in the treatment of chronic idiopathic urticaria in pediatric patients 6 to 11 years of age is based on the safety profile of fexofenadine hydrochloride in adults and adolescent patients at doses equal to or higher than the recommended dose (see Pediatric Use).

Table 3

Adverse experiences reported in patients 12 years and older in placebo-controlled chronic idiopathic urticaria studies in the United States and Canada at rates of greater than 2%

Adverse experience	*Fexofenadine 60 mg twice daily (n=186)*	*Placebo (n=178)*
Back Pain	2.2%	1.1%
Sinusitis	2.2%	1.1%
Dizziness	2.2%	0.6%
Drowsiness	2.2%	0.0%

Events that have been reported during controlled clinical trials involving seasonal allergic rhinitis and chronic idiopathic urticaria patients with incidences less than 1% and similar to placebo and have been rarely reported during postmarketing surveillance include insomnia, nervousness, and sleep disorders or paroniria. In rare cases, rash, urticaria, pruritus and hypersensitivity reactions with manifestations such as angioedema, chest tightness, dyspnea, flushing and systemic anaphylaxis have been reported.

OVERDOSAGE

Reports of fexofenadine hydrochloride overdose have been infrequent and contain limited information. However, dizziness, drowsiness, and dry mouth have been reported. Single doses of fexofenadine hydrochloride up to 800 mg (six normal volunteers at this dose level), and doses up to 690 mg twice daily for 1 month (three normal volunteers at this dose level) or 240 mg once daily for 1 year (234 normal volunteers at this dose level) were administered without the development of clinically significant adverse events as compared to placebo.

In the event of overdose, consider standard measures to remove any unabsorbed drug. Symptomatic and supportive treatment is recommended.

[illegible] hemodialysis did not effectively remove fexofenadine hydrochloride ([illegible] 1.7% removed) following terfenadine administration.

[illegible] rats at oral doses of fexofenadine hydrochloride up to [illegible] times (110 times the maximum recommended [illegible] tablets and 200 times the maximum recommended [illegible] children based on mg/m²) and up to 5000 [illegible] times the maximum recommended daily oral [illegible] rats the maximum recommended daily [illegible] mg/m²). Additionally, no clinical [illegible] pathological findings were observed. In [illegible] observed at oral doses up to 2000 [illegible] recommended daily oral dose in [illegible] recommended daily oral dose

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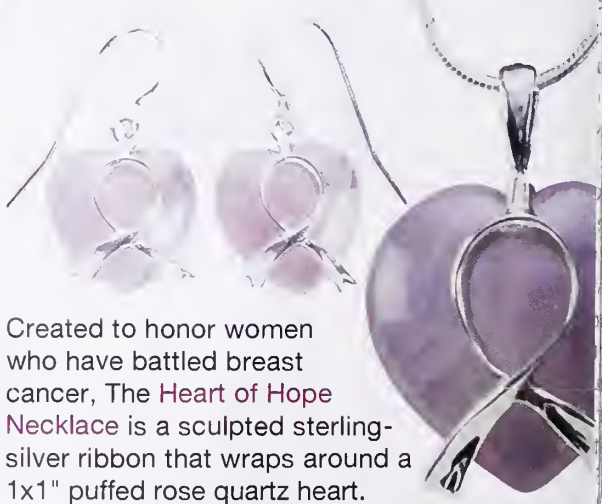
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ATITUDE DIET

tinued from page 64

o-worker stays late so you can h the kindergarten pageant. Often may be too busy to notice such ties—but when you do, they add o a lot.

ratitude also means being thank- for your family, your health, even way you look. Mary Jane Ryan, a ness consultant and author of *Atti- s of Gratitude* (Conari, 1999), re- s being "too busy cataloging all ways I'd been injured and abused" e thankful. On the brink of bitter- , she observed a common charac- stic of the happiest people she v: gratitude. "I started registering good things in my life. The more I the happier I became."

ow can you help your gratitude ? Here are some suggestions:

ain yourself to pay attention to l things, large and small. "Start whatever you're naturally most ful for—your loved ones, your e—and keep looking for what else ing right in your life," says Ryan.

ke thankfulness part of your daily ional "diet." Look at yourself in a ength mirror each day and, in- l of being critical, focus on all positive attributes. Accepting and ciating your body will help you nore grateful overall.

velop a "good" memory, one that s the kindnesses that have come way, such as a teacher's encour- ent or a friend's loyalty.

't stop with thank you. "Express- ratitude is an art form anyone can r," says Ryan. Bring a cappucci- the assistant who photo-copied 50-page report. Write a note to son's piano teacher after a recital.

ch your children to be grateful ecognize the gifts in their lives. might mention some examples you tuck them in at night.

unto others. Lend a hand to a juggling a baby, stroller and dia- ag. Catch a ticket-taker's eye, ash your brightest smile. And be ful for one more thing: the e to let someone else savor the ness of a grateful moment. ■





All smiles, Pauley is ready for *Dateline*'s next decade

Jane Pauley **bounces back**

As her TV newsmagazine marks its 10-year anniversary, a favorite newsanchor sets the record straight on her extended break from the show and coping with a health scare

By Judith Newman

First. the bad news: Last September, after Jane Pauley returned from several months on hiatus, she was pale and puffy-faced, keeping her millions of viewers concerned about her health. The mysterious illness she was struggling with, Pauley tells LHJ, is called delayed-pressure urticaria. The good news? The condition in Pauley's case was hardly life threatening. It's a form of hives, and the swelling occurred for no discernible reason. "It's idiopathic," says Pauley, "which means . . . no known reason."

Urticaria in its chronic form affects twice as many women as men. Its many triggers [illegible] sensitivity to medications, infections. Often [illegible] sizes) appear on one [illegible] disappear in a few hours [illegible] up someplace else. [illegible] plains: "Things [illegible] sleeping or walking [illegible] on the ball of my foot or something.

"It's so boring," she continues, making light of her illness. "I had to take steroids to get rid of the swelling, and they made me gain ten pounds, which on camera looks like twenty-five." Pauley knows that *Dateline*, the award-winning NBC news show she hosts with Stone Phillips—and now marking its 10th anniversary—could have made a dramatic story of her illness. "We can be, forgive me, manipulative," she says with a wry smile. Pauley pauses for dramatic effect, then murmurs the segue for which the show is famous: *"But what they didn't know . . ."*

The veteran newswoman is discussing *Dateline*'s anniversary in the Manhattan apartment she shares with her husband, Pulitzer Prize–winning *Doonesbury* cartoonist Garry Trudeau, and their three teenage children. It's very grand and, with its oil [illegible] and oversize furniture, very [illegible] formality is relieved by the unpretentiousness of Margaret Jane Pauley from Indianapolis. *Washington Post* TV critic Tom Shales has called her the "prim-a-donna," but there's nothing prim about Pauley. She's gracious and nuanced, like the TV segments for which she is famous. But she's also earthy: A mention of how she conceived her third child, for example, leads to a discussion of the cervical-mucus-thinning qualities of a certain decongestant. "I am responsible for other people's children, because I have shared that information," she says cheerfully.

The success of *Dateline*, which airs a one-hour special (April 23) celebrating its 10 years, caught critics by surprise, since NBC had previously tried 17 newsmagazine formats. With *Dateline*, it finally struck ratings gold, partly due to its for-the-public-good, hidden-camera investigations—including an award-winning piece on how a *(continued*


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The litter box,
we promise!
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Pauley attributes much of the show's popularity to her co-host. "Stone is so terribly attractive that it took some getting used to," she has joked. "And he's disabled by having the best hair God ever gave one of us." Hair is a sensitive subject for Pauley: As the *Today* co-host, she used to cut her own—and received much flack from viewers. "I'm under the impression I coined the phrase 'Bad Hair Day.'"







Pauley questions (clockwise from above) Senator Bob Packwood, Hillary Rodham Clinton and Bill Cosby

Dateline's watchability has much to do with Pauley, who lends her patented blend of intelligence and dignity to a topic. And her human touch always comes through. That's why she has often made news in sitting down with the likes of Hillary Rodham Clinton, Bill Cosby, Jerry Seinfeld, Senator Bob Packwood (in the wake of sexual-harassment charges), Michael Jordan, Michael J. Fox and Anita Hill, to name just a few. And Pauley was one of the first to interview Susan Smith, the woman who killed her two sons in 1994 and made it look like a carjacking. Some topics, she admits, are hard to approach without bias. "By profession, I can't be an opinionist," she says. "But personally, I'm opinionated. I don't think anyone can get into journalism and be completely objective."

Pauley's ability to empathize took root in childhood. "My [illegible] had [illegible] appointments," she [illegible] "[illegible] the [illegible] point, I think my father, who was good-natured and funny, never got over how bad fortune can sneak up on you. The only thing you can do is be perpetually prepared."

The concerned father could never completely enjoy his daughter's success—"although he always found a way to work it into conversations while he was waiting at the supermarket checkout!"—because he felt she wasn't adequately prepared for disaster. "But he underestimated how he raised me," Pauley continues. "I'm not paralyzed with his fear. But I live based on the worst-case scenario. I think being a working mother was the best thing I could have done for my children, in the sense that when they went to the [illegible]yground, I wasn't there to say, 'Look out!' 'Don't climb so high!'" [illegible] parental impulses were behind the sabbatical she took from the show last year. Yes, she did work on an as-yet unfinished memoir. ("My nightmare is walking into an airport giftshop and, after telling the story of my life, seeing my life remaindered," she jokes.) But she'd envisioned something else for the time off. "It would be the last summer before my kids went to college, and Garry and I would take them to Europe," explains Pauley. "At the time they were barely teenagers. I had hopes. But when they got wind of this plan, they said, 'You're not going to make us do *that*, are you?' It became clear Garry and I were dreaming."

Still, contractually, Pauley had the time off and took on the book. "After all that time on sabbatical, you're expected to have something to show for it, so I was a little concerned," she says. "I said to Garry, 'What am I gonna say?' And he said, 'If you said you spent six months cleaning closets, there isn't a woman in America who wouldn't understand.'" ■

"By profession, I can't be an opinionist, but personally I'm opinionated"

Judith Newman is a frequent contributor to Ladies' Home Journal.

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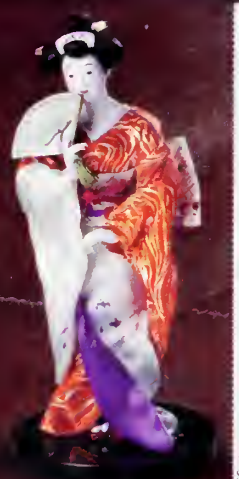
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Aspirin for everyone?

A new report says millions more Americans could benefit from popping this pill


Could you be a candidate for aspirin therapy?

ASPIRIN HAS long been prescribed to help prevent a second or third heart attack in those who have already suffered one. Now, in a very big shift, the U.S. Preventive Services Task Force says that millions more Americans who are at increased risk for cardiovascular disease should consider taking aspirin.

Their report suggests that low-dose aspirin use—one "low strength" 81 mg tablet daily—may benefit men over 40, postmenopausal women and younger adults with heart disease risk factors such as hypertension, high cholesterol levels, diabetes or smoking. Even those who count obesity alone as a risk factor may be candidates for aspirin therapy. In fact, the task force concluded that low-dose aspirin therapy could reduce an at-risk person's chance of developing heart disease by 28 percent.

However, aspirin therapy is not without risks. Taking the drug regularly can lead to serious side effects such as gastrointestinal bleeding and increased risk of hemorrhagic strokes (a.k.a. bleeding in the brain). Also, some drugs—such as birth control pills—can interact with aspirin.

To determine whether aspirin therapy is for you, review your heart disease risk profile—including your blood pressure, cholesterol, body weight, and so on—with your doctor and ask, "What are the benefits and risks of aspirin in my particular case?" It's also a good idea to discuss your medical history to accurately assess the potential hazards.

—Stacey Colino

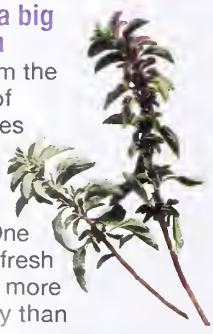
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body briefs

Unprepared for aging?

About one third of Americans over 45 believe their medical insurance covers the costs of long-term care such as living in a nursing home, says an AARP survey. Truth is, according to the Health Insurance Association of America, only 6 percent have this type of insurance. Experts recommend you review your policy to make sure you have the coverage you need.

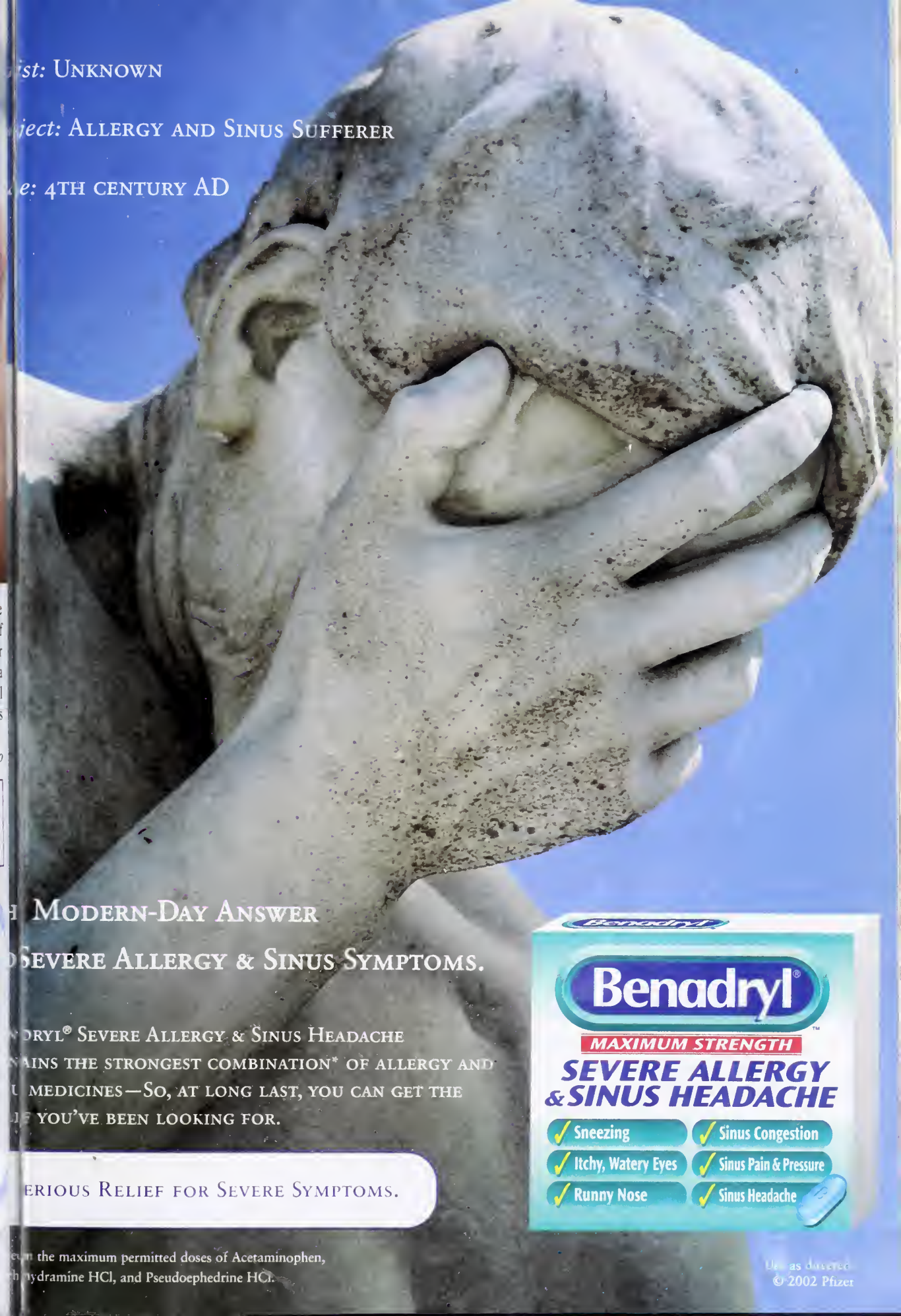
Herbs may pack a big anticancer punch



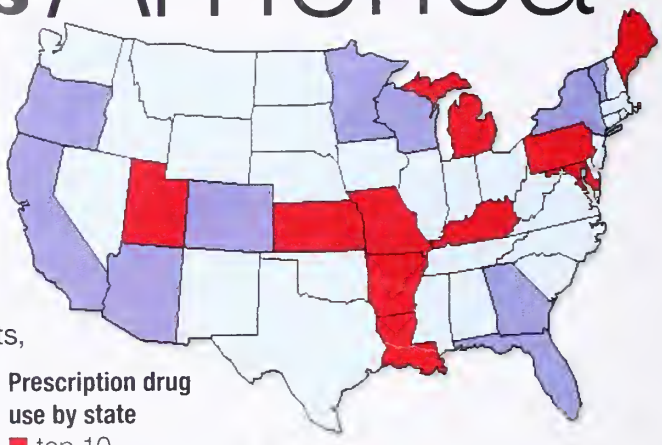
A recent study from the U.S. Department of Agriculture indicates oregano is high in antioxidants (which may help prevent cancer). One tablespoon of the fresh herb had 12 times more antioxidant activity than an orange.

Having surgery? Stop smoking first

Another reason to kick the habit: Researchers at Bispebjerg University Hospital, in Denmark, found that patients who stopped smoking 6 to 8 weeks before surgery had significantly fewer complications compared to patients who didn't quit, including fewer healing problems and fewer second surgeries. They also went home sooner. *—Dominique Andrews*


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Drugs across America



Prescription drug use by state
- top 10
- bottom 10

About 65 percent of people in the South and Midwest use prescription drugs while only about 60 percent in the Northeast and the West do, says a new study. Express Scripts, a pharmaceutical-benefits management firm, examined the prescription-drug use of more than 700,000 people whose insurance plans included prescription-drug benefits in 2000.

"We did not expect to see so much variation," says lead researcher Brenda Motheral, Ph.D. She and her colleagues theorize that some of the differences can be attributed to variations in the prevalence of particular diseases, such as the higher rate of heart disease in the South. "But we also suspect that there is underuse and overuse going on," says Motheral. She recommends protecting yourself by taking an active role in your health care: "If your doctor is recommending a medication, it is appropriate to ask, 'Do I really need this?' " *—Marisa Sandora*

Having a baby 10 years after your last ups **preeclampsia** risk

Preeclampsia, a condition that may trigger a life-threatening rise in blood pressure in pregnant women, is twice as common in first pregnancies as during later pregnancies. But in a new study, researchers at the University of Bergen, in Norway, have found that any pregnancy 10 or more years later than the last one carried the same risk of preeclampsia as a woman having her first child. In fact, they say, up a small percentage with every year between pregnancies. Researchers aren't sure why this is, but caution women that this finding should not be taken as a recommendation to make intervals between pregnancies short because other adverse outcomes—most notably preterm delivery—may be more likely when pregnancies are close together in time. While a woman can't lower her risk for preeclampsia, she should discuss with her doctor how long it's been since her last child, so her physician is aware of any increased risk.



—Dominique Andrews

the healers

The MS detective



More than 300,000 Americans have multiple sclerosis (MS), a disabling central nervous system disease. Doctors have long been baffled as to why some MS patients respond well to certain drug treatments, while others decline rapidly.

Claudia Lucchinetti, M.D., a neurologist at the Mayo Clinic, in Rochester, Minnesota, may have found the answer. She studied MS patients' brain tissue and identified four distinct types of lesions—the places where protective coating has been stripped from nerve fibers—and that each patient has only one type of lesion, but they vary from patient to patient. "A treatment that helps someone with one lesion pattern may not help someone with another," says Lucchinetti, 38.

The National Multiple Sclerosis Society was so impressed by her research that they funded her project with an unprecedented $1.8 million award. She soon hopes to be able to differentiate lesion types using MRI technology and tailor individual therapies. "We may get to the very core of finding better ways to treat MS," she says. *—Gina Shaw*


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Stroke alert:

You're never too young



Symptoms of strokes include sudden severe headaches, blurred vision and numbness. Far right, a CT scan of a stroke

Six in 10 stroke victims are women—and a surprising number of them are in their 20s and 30s. Here's what you need to know to protect yourself from this deadly condition **By Dianne Hales**

"MOMMY'S LAYING on the kitchen floor, and she won't talk to me!" 5-year-old Kasey Eisenmann wailed to his father over the phone. Traci Eisenmann struggled desperately to speak, but couldn't move or make a sound. Little Kasey ran outside to ask two neighbors for help.

Traci was whisked by ambulance to a nearby emergency room. There, tests showed that the then 33-year-old former flight attendant had suffered a massive stroke and needed immediate treatment to reverse the damage. Blood tests revealed another surprise: After years of trying to conceive a second child, Traci was six weeks pregnant.

Every year, approximately 600,000 Americans, some as young and healthy as Traci, suffer a stroke—a blockage or rupture of a blood vessel (see "Stroke Basics," at right). Six in 10 stroke victims are women, and they are more likely than men to die from the condition. "Strokes take the lives of 97,000 women a year, twice as many as breast cancer and AIDS combined," says Larry Goldstein, M.D., director of the Stroke Center at Duke University, in Durham, North Carolina.

The effects of a stroke depend on its location and the extent of the damage done to brain tissue. Traci suffered a particularly devastating ischemic stroke that completely blocked the flow of blood to the left side of her brain. "A stroke like hers kills twenty-five percent of its victims and leaves most survivors significantly disabled," says David Uskavitch, M.D., the neurologist at Centennial Hospital, in Nashville, who treated Traci. Her only hope: a clot-busting medication known as tPA (tissue plasminogen activator), a medical equivalent of Drano that restores blood flow but must be administered soon after an ischemic stroke occurs.

In the three hours immediately following a stroke, when it is most effective, doctors can simply inject tPA into a vein. For patients like Traci, who do not begin *(continued)*

Stroke basics

A stroke is a blockage of the flow of blood to part of the brain. Seventy-five to 80 percent of strokes are *ischemic*, caused by a clot or narrowing of an artery due to fatty deposits. A *hemorrhagic* stroke is caused by bleeding in the brain resulting from a head injury or an aneurysm. A *transient ischemic attack* or *TIA* is a temporary interruption of blood flow to the brain. The symptoms last no longer than 24 hours. Without treatment, one of three people who suffer a TIA will have a stroke during the following five years. —*D.H.*

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Annette Lillie (above) had a stroke at age 29. Traci Eisenmann (shown with sons Kohl and Kasey) had a massive stroke at 33

(continued) treatment until three to six hours after a stroke, the powerful agent must be given via a much more complex procedure. After six hours, tPA provides no benefits—and may worsen bleeding inside the brain.

Guided by images of Traci's brain projected onto a TV monitor, the stroke team at Centennial Hospital carefully threaded a catheter through an artery in her groin up to the blocked blood vessel and released the first quarter dose of tPA. Thirty minutes later they administered the second dose; in another thirty minutes, the third. After the final quarter dose, the clot dissolved.

Four days after her stroke, Traci walked out of the hospital—"a phenomenal recovery," says Uskavitch. Two weeks later, an ultrasound showed that her unborn baby was fine. She took blood-thinning medication throughout her pregnancy, and gave birth to a healthy boy, Kohl, now an energetic 2-year-old.

A MEDICAL MYSTERY

Despite exhaustive testing, the precise cause of Traci's stroke remains a mystery. In young people, says Uskavitch, the usual suspects—high blood pressure, heart disease, diabetes—are rarely to blame. Instead, doctors have to consider such things as a congenital abnormality, drug use, cardiac problems such as irregular heartbeats, and pregnancy, because it can affect blood clotting.

Some doctors believe that migraines also may be linked to stroke, especially in women who smoke or use oral contraceptives.

"Unfortunately, there are huge gaps in what we know about stroke in women," says critical-care specialist Patricia Hurn, M.D., of Johns Hopkins University, in Baltimore. "Until a few years ago, almost all the laboratory research was done in male animals. We are just beginning to understand the relationship between estrogen, the menstrual cycle and stroke. So far, all the basic scientific evidence shows that estrogen protects the brain if a stroke does occur."

Yet estrogen also seems to increase the risk of stroke. While doctors once believed that only older birth control pills with high estrogen levels put women at risk, the first major study of women taking the newest low-estrogen pills found that they have about double the stroke risk of those not taking the pill. "Some women seem to be genetically more susceptible," says Larry Goldstein. The statistical risk is small—an estimated six women per 10,000.

Women who suffer strokes while on the pill usually have other risk factors, such as migraines or a clotting disorder, according to Mark Boucek, M.D., a cardiologist at the University of Colorado, in Denver. Smoking multiplies the danger. "Even more in women than in men, smoking accelerates the natural aging of the arteries and the development of plaque that can lead to a stroke," says Jeffrey Harris, M.D., a stroke specialist at Huntsville Hospital, in Alabama, and a spokesperson for the American Stroke Association.

THE HEART-HEAD CONNECTION

Annette Lillie, a sales representative and a marathon runner in Denver, was sitting at her desk in January 1999, when her vision narrowed and her right side went numb. At the emergency room, the staff assured the 29-year-old that she was probably suffering from stress or a migraine. By the following day, however, Annette was so disoriented that she couldn't remember the president's name. A CT scan revealed that she'd suffered a stroke. Annette was hospitalized for two weeks and put on blood-thinning drugs. A month later, she returned to work, still slightly numb on her right side.

A test revealed that Annette had a tiny hole in the wall separating the upper chambers of her heart. "This problem is amazingly common," says Boucek. The opening—called a patent foramen ovale, or PFO—normally closes by age 5. If it *(continued)*

Clip and keep

Carry this card—created by The Goddess Fund, an organization that focuses on strokes in women—in your wallet

MOST COMMON STROKE SYMPTOMS

911 should be called immediately if you have any of these symptoms

- Sudden numbness or paralysis of face, arm, leg, usually on one side of body
- Sudden confusion or disorientation
- Sudden loss of speech or trouble speaking or understanding speech
- Sudden loss of balance and coordination; trouble walking and abrupt onset of dizziness (i.e. vertigo — the sensation of spinning)
- Sudden problems with vision (e.g., loss of vision, blurred vision, or double vision)
- Sudden unexplained onset of severe headache

the Goddess fund www.thegoddessfund.org

Reduce your risk of stroke

- **Don't smoke.** A pack of cigarettes a day increases a woman's risk of stroke 600 percent above the national average for her age.
- **Get moving.** Regular exercise helps keep your weight down and reduces other risk factors.
- **Lower your blood pressure**—with diet and exercise or, if necessary, medication.
- **Monitor your cholesterol.** If it's high, statin drugs can lower it.
- **Limit alcohol to one drink a day.** Excess drinking can contribute to high blood pressure, increasing the risk of stroke.
- **If you have suffered several miscarriages,** talk to your doctor about getting tested for blood-clotting disorders.

—*D.H.*

(continued) remains open, a clot that forms anywhere in the body (as can occasionally happen, for instance, after long periods of sitting) can pass through it and travel to the brain.

The risk of stroke from a PFO is about 1 to 2 percent a year. As many as one in every three to four healthy young people who suffer strokes may have such holes in their heart.

After diagnosing the PFO, Boucek suggested a new alternative to open-heart surgery: a clam-shaped patch that could be implanted over the hole in Annette's heart. In June 2000, he performed the surgery and found a second opening, which he also sealed. As tissue has grown over these patches, they've become a permanent part of Annette's heart.

"This is a cure," says Boucek. Just three months after having her heart patched, Annette ran a 100-mile ultramarathon.

NEUROLOGICAL EVALUATION OF STROKE

In Emergency Room

- **Brain imaging test** (CAT/CT Scan or MRI) to rule out hemorrhage, etc.
- Complete blood count & serum glucose
- Coagulation tests
- Electrocardiogram (EKG)
- Monitoring and proper management of elevated blood pressure
- **Consider t-PA** (clot buster) Must be administered within 3 hours from onset of stroke

Evaluation of Cause of Stroke Other tests might include

- Additional imaging (MRA, CTA, angiogram)
- TCD, Carotid ultrasound
- Ambulatory cardiac monitoring (Holter)
- Special tests for coagulation
- Carotid ultrasound
- Diabetes control (A1c, Fasting

THE WORST HEADACHE OF HER LIFE

On March 13, 2001, Melissa DeJesus, 28, a sexual-assault counselor in Waterbury, Connecticut, woke up with the worst headache of her life. Suddenly she began to have a seizure. A CT scan revealed that abnormally formed blood vessels in Melissa's brain—called an arteriovenous malformation (AVM)—had burst.

The result was a hemorrhagic stroke, which is caused by bleeding in the brain. While less common than a clogged artery, the condition is just as dangerous: About 20 percent of those with a ruptured AVM die. "We do emergency surgery only if an AVM is life-threatening, as it was in Melissa's case," says Arnold Rossi, M.D., a neurosurgeon in Hartford, who inserted titanium clips to cut off the blood supply to the AVM and repaired torn blood vessels inside Melissa's brain.

After recovering from the surgery, Melissa was sent to a rehabilitation center, where she received occupational, physical and speech therapy. Now, although she still walks with a slight limp, Melissa is working part-time again and looking toward the future. "I tell myself I can't dwell on what happened," she says. "I have to make plans for the rest of my life."

Melissa was one of the lucky ones. More than half of stroke survivors are left permanently disabled. Researchers are currently investigating therapies that may aid such patients' long-term recovery. Antidepressant drugs like Prozac have shown promise in improving stroke victims' mobility. And experimental therapies, like stem cells may one day help even more. But, experts emphasize, the best approach to stroke is preventing one from happening in the first place.

That's what Cheryl Coleman, 40, is working to do. Strokes have left her father disabled, and killed both her grandmothers and an uncle. Cheryl, a customer-marketing manager in Los Angeles, knew that, as an African-American, she faced a two- to three-fold greater risk of stroke than a white woman. She also smoked off and on and had gained weight.

Last summer Cheryl joined the American Stroke Association's Train to End Stroke program, which sponsors team-training for marathons that boost stroke awareness. She stopped smoking, began running every day, ate healthier—and lost 23 pounds. In December, she ran a marathon. "I started off doing this for my family and for myself. But by the time I crossed the finish line, I felt millions of hands pushing me forward," she says. "I was doing it for everyone whose life is touched by stroke." ■

FOR MORE INFORMATION

- The American Stroke Association: 888-478-7653 or *StrokeAssociation.org*
- The Goddess Fund, a nonprofit organization that focuses on strokes in women: 212-734-8067 or *thegoddessfund.org*
- National Institute of Neurological Disorders and Stroke: For a basic fact sheet on strokes, click on *www.ninds.nih.gov/health_and_medical/disorders/stroke.htm*



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The confessions of Kathie Lee

Two years after leaving Regis, she's finally making peace with her new life

By Meredith Berkman

ON A RECENT WEEKDAY EVENING, Kathie Lee Gifford waited alone in the small lobby of a midtown Manhattan office building. It was a chilly night, and every few minutes Gifford stepped out into the darkness looking for the car that would take her home to Connecticut. Busy New Yorkers rushed by the petite figure in a wool coat, but nobody seemed to notice her. It was hard not to wonder if Gifford, who not so long ago was one of the most recognized women in America, missed all the excitement and glamorous perks of her job as co-host of *LIVE with Regis and Kathie Lee*.

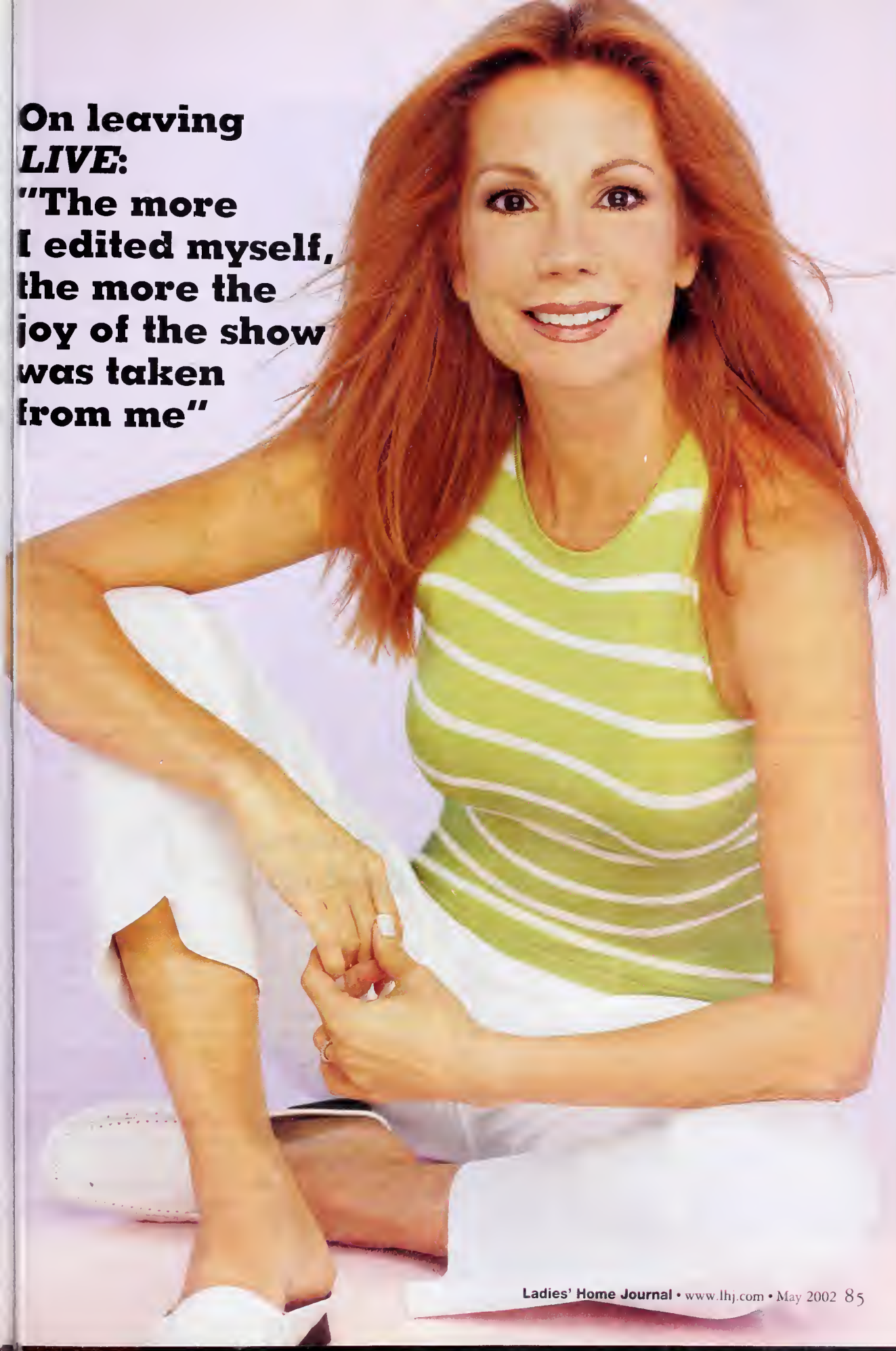
"I would not go back to the life I led for anything in the world," insists Gifford. "Many people think I walked away [from show business]. 'Where is she?' 'She fell off the face of the earth.' It's fine. It really doesn't matter."

Since leaving *LIVE* in July 2000, Kathie Lee Gifford has virtually overhauled what was once a notoriously high-profile life. To hear her tell it, she was burned out after 15 years of chatting with Regis Philbin about her marriage and children, an era that included defending herself against charges of child labor in factories that made Kathie Lee–label clothes and, most notably, weathering the storm caused by her husband's infidelity. She was frustrated with the talk-show format, *(continued)*





LIVE goes on: Regis Philbin with Gifford, top, and her successor, Kelly Ripa, who has attracted new viewers


On leaving
LIVE:
"The more
I edited myself,
the more the
joy of the show
was taken
from me"

(continued) furious with the tabloids and determined to spend more time with her family. And, for the first time in her career, the very driven Gifford faced the future without a grand plan. "I had a television show that everybody wanted, but I didn't," she says. "I had to make a decision knowing that I may never have that kind of success again."

As the two-year anniversary of her much-ballyhooed exit from *LIVE* approaches, Gifford is not without the occasional regret. Still, despite the very public platform that was all hers, she's finding new rewards in the creative challenges that for so long eluded her. Today, most of her time is focused on songwriting—a passion Gifford believes has forever changed her life—and on her singing, the talent that launched her career in the first place.

Yet it's doubtful she could have anticipated the way things have gone as she's struggled to get her new footing. Despite successful stints as a fill-in host for David Letterman and Larry King, and a few guest appearances on such sitcoms as *Just Shoot Me*, Gifford has yet to sign a major TV, movie or Broadway deal. And her album sales have been a disappointment. Her first major post-*LIVE* effort, *Heart of a Woman*, a pop album released more than a year ago, reportedly sold less than 100,000 copies. Nor have her two recent children's albums, *Party Animals* and *Goodnight Angel*, been big sellers.

All the while, her old show, with its current co-host Kelly Ripa, a sexy young mom and soap-opera star, has been pulling in higher ratings than it has in years. And to the delight of advertisers, it now draws a much-coveted younger audience. If the show has new vigor, Gifford isn't losing any sleep over it. "There was a time when [ratings] mattered," says Gifford of her talk-show days. "I won't lie about that. But they're not the overriding factor."

Sharing hosting duties on *LIVE* was once a dream job for Gifford. Besides being home before noon, she made millions a year and owned a chunk of the show's syndication rights. But over time, the grind wore her down. "She was unhappy with the way the show was going, the sameness of it," Frank Gifford says of his wife, making clear that Kathie Lee "adored Regis and still does."



"You can't say, 'I forgive' and then keep bringing it up"

With her increasing vulnerability to media assaults—including the 1997 revelation of Frank's infidelity and sweatshop scandals in 1996 and 1999—Gifford found that what had once been a home base where she could publicly laugh, cry and complain had become a place she preferred to avoid. "The more I edited myself, the more the joy of doing the show was taken from me. By the time I left, it was no big deal. I had already left in my heart."

Gifford swears she doesn't watch *LIVE* regularly today. When she has tuned in, she's seen Philbin and Ripa "doing something I've done before, and I think, I did the right thing." Her advice to Ripa: "Have fun. I hope that when it's not fun for her anymore, she will be smart enough to leave and find something else to do."

Some have wondered if that don't-look-back philosophy might also apply to Gifford's 15-year marriage after she—and the world—learned that Frank had cheated on her with a flight attendant. In the past, Gifford has said that she and Frank underwent marital therapy to work through their problems, and when LHJ interviewed her two years ago, she spoke of her husband with an odd detachment, referring to him at one point as "the father of [my] children." Today, she states flatly that the pain of what happened, while it has dissipated, will never entirely disappear. "You have to work at being happy again, rediscover why you fell in love with the person in the first place," she says. "We had to work very hard at [the marriage]; it's a discipline, like getting on the treadmill every day.

"You can't say, 'I forgive' and then keep bringing it up,"

she continues. "It means you haven't forgiven at all. There's a part of you that, until your brain is gone, will never forget. You choose to love after a certain point in a relationship, whether or not you go through what Frank and I went through. . . . My children will grow up knowing that their parents loved each other and them so much that they were willing to go through a very painful time to save their family. Not just their marriage, their *family*." (Gifford recently hammered out a first draft of what she calls a "painfully honest" book about the past six years of her life. She still hasn't decided whether to have it published.)

Confronting those demons seems to agree with Gifford. Seated on an overstuffed sofa in her cozy midtown Manhattan office, she appears remarkably relaxed. When LHJ spoke to her in 2000, just before she left *LIVE*, her features seemed to mirror her psyche, appearing tight and drawn. Now, wearing much less makeup ("I'm not pampered at the studio anymore"), she looks younger and softer.

That transformation may also be due in part to the more balanced life she leads with her family. For years, Gifford was up and out of her Connecticut home before dawn, leaving Frank to get Cody, now 12, and Cassidy, now 7, ready for school. These days, on a typical morning, the family is together: Gifford brushes Cassidy's hair while Cody eats waffles and fruit prepared by Frank.

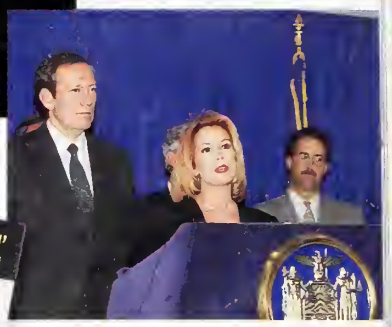
Professionally, Gifford has thrown herself into songwriting. Her record company will bring out a new album this fall, a mix of songs she describes as "very similar" to early Carly Simon records. "I don't know how I survived without writing," says Gifford. "There's just something about the psychological colonic of it."

What Gifford can't get away from are the tabloids. They run frequent stories alleging affairs (hers, not Frank's, which she laughingly dismisses) and other family upheaval, all of which she vehemently denies. (She and Frank recently settled a suit against a tabloid over a story calling Cody a "monster.") Sensational headlines notwithstanding, there is one man with whom Gifford spends plenty of time these days: her musical collaborator, David Friedman, a composer and producer she met on the *LIVE* set more than a decade ago. Friedman joined the Giffords for three weeks last summer at their vacation home in Nantucket. He and Gifford worked together virtually every waking moment. Even in private, Friedman says Gifford rarely mentions the gap between her ambitions and the public's seeming indifference toward them. "It's got to be difficult not to be as in demand as you once were," he says. "But Kathie's *(continued on page 154)*

Life beyond Regis









Gifford, clockwise from below: promotes her CD; in the TV movie *Spinning Out of Control*; making the tabloids; with Frank, Cody and Cassidy; in concert; and speaking out for child-labor reform





The woman who cheated death

A cat is supposed to have nine lives—Dianne Chaffin has had almost as many. Read her incredible story of survival against the odds **By Kathryn Casey**

"BY ALL STATISTICS, I should probably be dead," says Dianne Chaffin, 37. "At times, I have to admit, I wondered why I was still alive."

"The thing about Dianne is that she's stubborn," says Georgia, 41, the oldest of her five sisters. "It's that stubbornness that's kept her alive."

In her short life Dianne has survived a near-fatal car crash, a deadly tornado and a disease that almost killed her twice. "I guess you could say I've got almost as many lives as a cat," she says.

PRESUMED DEAD

Dianne's saga began when she was just 19 months old. She was diagnosed with Type 1 (or juvenile) diabetes, which occurs when the pancreas is unable to manufacture insulin. Over time, the disease could damage her circulatory system, eyes, kidneys and heart.

The news devastated her mother Janie, now 59, a nurse. "I did research on the disease," she recalls. "What I read led me to believe she'd be lucky if she lived to reach middle age."

As she grew up, Dianne learned to give herself insulin shots. But at times, she tried to downplay the severity of her condition. In November 1985, when she was 20, her blood sugar dropped and she felt light-headed as she was driving. She popped a few sugar pills in her mouth and continued on her way. "I'd had a low blood sugar episode before, and I figured I was okay," she says.

But moments later, her vision blurred and the car veered out of control. "I remember hitting a tree, *bam*, and that's it," she says.

She awoke in the hospital hours later, her father leaning over her. "You're alive!" he shouted.

He wasn't the only one who was surprised. The accident had been so serious that a local TV station had reported that Dianne had died. The fact that she had emerged with nothing more serious than two cracked ribs seemed virtually impossible. Even Dianne was amazed by her good fortune. "When I saw the photos of my car, I thought, How did I live through that?" she remembers.

KILLER STORM

Fast-forward four years. Dianne was a nursing student living in an apartment complex in Huntsville, Alabama. Her best friend, Audrey, an accountant, lived just a few doors away. She "was a really sweet girl," says Dianne.





A tornado leveled Dianne's apartment building—and killed her best friend

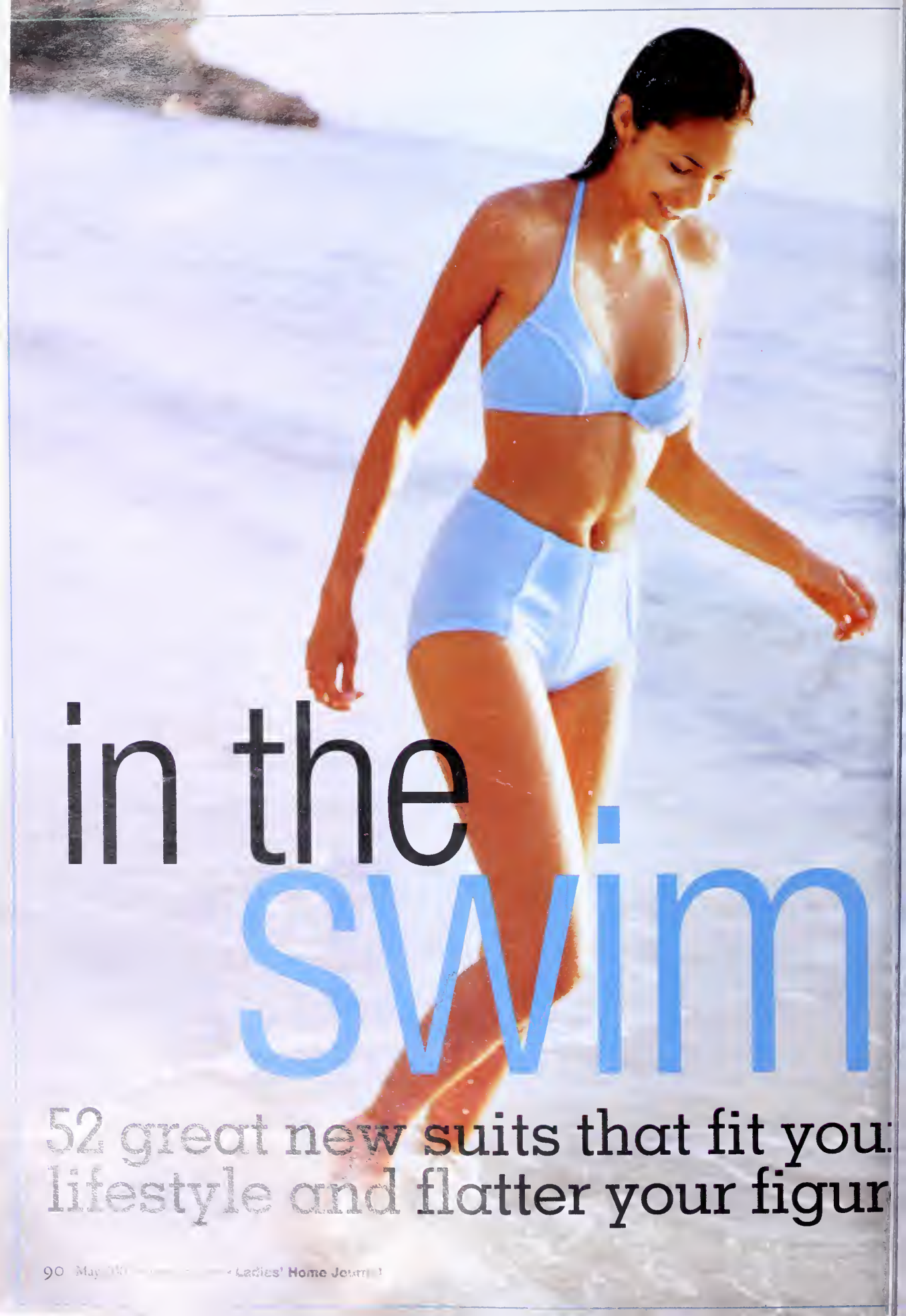
On November 15, 1989, the two friends returned from the mall just as the sun was setting. After they parted, Dianne noticed a black cloud on the horizon.

As the sky darkened, Dianne's second-floor apartment began to shake. She jumped into the bathtub and covered her head with a towel, but the force of the storm tore it from her hands.

Her heart pounding in fear, Dianne watched as the tornado lifted the roof off the apartment complex. Her bathroom mirror shattered, sending shards of glass flying everywhere. Boards strained, then snapped. A slab of plasterboard came hurling at Dianne and hit her in the stomach. Then she was catapulted upward. "I was bounced around like a basketball," she says. "I kept praying out loud to God, 'Please don't take me now.'"

As suddenly as it arrived, the storm moved on. In the distance Dianne heard *(continued on page 156)*

"I should probably be dead," says Dianne



in the swim

52 great new suits that fit you
lifestyle and flatter your figur

Looking for that perfect suit for a romantic vacation, or one that simply stays put during your water workout? Or is your summer full of pool parties where you want stylish coverage, or beach days where colorful comfort is key? Don't dread the swimsuit dressing room this year: We found terrific styles just right for the occasion—and your body **Styled by Meg Goldman**

vacation



You're finally going away together—just the two of you—and you want a suit for his eyes only. Bramasole, $125

exercise



Whether it has to stand up to a good long swim, a game of beach volleyball, or building a sandcastle with the kids, you want a suit that moves with your every move. La Blanca, top, $58, bottom, $34

beach



There are only 13 Sundays in the summer, and you plan to spend every one of them at the beach: Do it in style, comfort and colors that make you easy for the kids to spot in the crowd. Beach Bay, $68

poolside



Coverage is key when you're invited to the office pool party, but you don't have to sacrifice sophistication or looking great. Jantzen, $78

▲ pear-shape ● tummy ⧗ curvy ■ no waist



Anne Klein New York Swimwear, $80



Gottex, $136



Victoria's Secret, $98



San Sali at Girlshop, $104



Bebe Swim, top, $50, skirt, $42



Jones New York Swimwear, $88



Hobie by Manhattan Beachwear, top, $44, bottom, $38

TIP: When trying on a suit, be sure to sit and move around in it. Most important? Don't focus on size: It's common to wear a size larger than you do in clothes



Sunstreak by Newport News, $29.99



H&M, top, $12, bottom, $9

A cut above

TAMMY FRIEDMAN, 42, lifecoach

"I usually prefer two-piece suits, but I think this is an extremely sexy alternative. I actually think it's sexier because it leaves something to the imagination. It's perfect for a special vacation with someone I want to look great for. My figure is a typical hourglass, with top and bottom in [illegible] and I like to [illegible] off my waist, [illegible] this suit [illegible] nicely."



Victoria's Secret, $98



OMO Norma Kamali, $75 each piece



Anne Klein New Swimwear, $94



Lilly Pulitzer, $105



Ralph Lauren Swimwear, $88



Shoshanna, top, $65, bottom, $46



Sessa, $82



Lady Gottex, $86



Ralph Lauren Swimwear, $92



Target, $14.99 each piece



H&M, $12.99 each piece

Feeling groovy

JULIE LINDH, 30, skin-care specialist
"I used to dance flamenco, and my upper body is still my best feature. My midsection needs some work and I'm shortwaisted, so I am definitely more comfortable in a one-piece suit. I chose this suit because the bright colors are perfect for a sunny day at the beach. But, more important, the jigsaw-puzzle design helps create the illusion of a waist and elongates my torso where the orange and pink sections stretch down to the leg."

my pick



Karla Colletto, $176

IP: Spandex helps
ontrol and smooth
ouble spots. New now?
oft blends with higher-
uality, high (at least
)%) spandex content



Sessa, $88



BECCA Swim, $38 each piece



Bare Assets, $54

poolside



Christina, top, $44, bottom, $34



Beach Bay, $66



Keiko New York, $158



Miraclesuit, $110



Gottex, $138



Robin Piccone, $130



It Figures!, $78



Lauren by Ralph Lauren Swimwear, $90

A French accent

LYDIA CARLSTON, 34, actress

"The last favorite swimsuit I remember was pink-and-white checked, and it covered up a lot. I entertain quite a bit around our pool, and I like to be somewhat covered up, especially in front of my husband's business associates. This toile-print suit is tasteful yet sexy, and it shows off my shoulders. I'm so sure about what I want that I'd pay almost anything for the right suit that would eliminate my 'trouble' area. After that, I'd spend the money on a gym membership."



Margot Bittsen in Bondi Bather, $[illegible]

TIP: Taking a dip in the hot tub? Leave your best suit home: Some chemicals used in the tubs deteriorate spandex, so go with a 100% polyester suit



Calvin Klein Swimwear, suit, $114, skirt, $68



Michael Simon Swim, $200



Robin Piccone $130



Anne Cole, $82



Keiko New York, $168



Nautica, $86



Speedo, $78



Lauren by Ralph Lauren Swimwear, $90



Liz Claiborne, $80



Lands' End, $68

TIP: Do you get what you pay for? Better-quality materials, particularly elastic, make for a suit that doesn't cut into your skin and create bulges



Christina, $68



Lands' End, $56



Karla Colletto, $182



Jantzen, $78

Sail away

JILLIAN S ANEBROOK, 33, writer

"ear only two-piece its because I think tomach is my best fe ure. I love to swim n un and play sports, so need a suit that s s put. Sometimes t tic racerback tops t flatter my smaller u ine, but this one is d rent—the neckline stripes add some fullness. I feel safe ving around in the d oms, too, because e not skimpy; they f more like shorts."



Ralph Lauren Swimwear, $92



as something to this beauty rule
sticks had a blue base that made
ired. The pink in the lipstick
ones of a redhead" com
ng of reds.
the natural
ording to
Brown Lip
bbibrown.
Red Hot ($8.25).

Redheads can't wear red

can

...and 8 other beauty rules to break

By Carol Straley. Photos by Joe Chaves



aren't

Rule: Oil-free products ~~are~~ the only option for oily skin



Reality: "When you strip oil from your skin's upper layers, it just prompts the skin to produce more oil," says Susan West Kurz, president of Dr. Hauschka Skin Care. Unlike mineral oil, which sits on the surface and can clog pores, botanically based oils can actually help prevent blemishes, as they are quickly absorbed by the skin. This not only softens skin, but helps normalize oil flow. A few choices: Decleor Aromessence Ylang Ylang Purifying Concentrate (use morning and night before moisturizer; $42, for stores, 800-722-2219); Dr.Hauschka Skin Care Normalizing Day Oil (use in the morning as your moisturizer; $26.95, to order, 800-247-9907); and Clarins Lotus Face Treatment Oil (use at night before moisturizer, $39).

DO

Rule: ~~Don't~~ tweeze above your eyebrows

Reality: Any stragglers above your brows can create a shadow, and as a result, the shape of your brows won't look as clean and defined. For mistakeproof grooming above the brow, New York City–based makeup pro Lea Siegel suggests this trick: Brush brows into place, then go over them with a white makeup pencil. Strays above the whitened area can be tweezed without disrupting the line of your brows. Pluck one hair at a time, using a good pair of tweezers. One of our faves: Tweezerman Slant Tweezers ($18; to order, 888-647-7377).





Rule: Don't wear lipstick without a lipliner

Reality: Most shades, especially creamy formulas, look more natural if you skip the liner. To help lipcolor go on neatly, New York City–based makeup artist Genevieve suggests that you apply it with a lip brush. (Use a lipliner when your lipstick is a very dark or super-bright shade: Deep hues have more pigment, which tends to wander, and liner creates a barrier.)

Rule: Oily hair doesn't need a conditioner

Reality: Hair can be oily at the scalp and dry at the ends. Just avoid rich conditioners that weigh down hair, says Yves Durif of Yves Durif Salon, in New York City. To add shine, try Durif's post-shampoo rinse: Mix one part apple-cider vinegar with 20 parts water; apply to ends; rinse. Or use an oil-free conditioner like Frederic Fekkai Apple Cider Clean Conditioner ($18.50; log on to *www. sephora.com*) and Neutrogena Clean for Color-Defending Conditioner ($4.99).

Rule: The apples of your cheeks are the only spot to apply blush

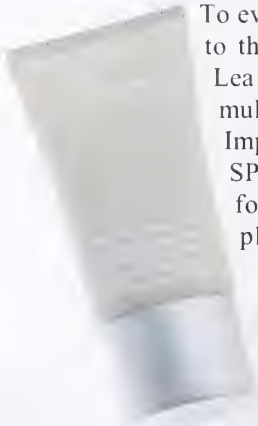
Reality: If you have a perfectly oval face shape, stick with the apples. For the rest of us, makeup pro Alyssa Evans for Nubest & Co. Salon, in Manhasset, New York, offers these strategies. *Square face*: Brush blusher just under the cheekbones. *Round*: Sweep blusher along cheekbones, up toward temples. *Heart-shaped*: Start at outer eye corners and glide toward temples.

Rule: The best place to spritz on fragrance is behind your ears

Reality: Fragrance expert Jo Malone, founder of Jo Malone London, says that your favorite scent will be most alluring—and less overpowering to others—when you spritz it down the center of your body, from below the collarbone to between the breasts. The natural body heat you generate in these places warms up the fragrance, which helps it last longer. Try a spritz in your hair, too; your hair's natural oils will help fragrance cling to your tresses. (But don't do this if your hair is highlighted, because alcohol in the fragrance could distort your hair color.)

Rule: You must match foundation to the skin on your jawline

Reality: Most of us have some redness or some discolored, blotchy areas. Testing foundation on the face could leave you with a shade that's too pink. To even out skin tone, match a shade to the skin on your neck, suggests Lea Siegel. One skin-flattering formula we love is Origins Nude and Improved Bare-face Makeup with SPF 15 Sunscreen ($15). Its soft-focus diffusers help your complexion glow in any light.





up-to-date

Rule: Blue eyeshadow looks dated

Reality: Caking on bright turquoise shadow is a sure way to say you're stuck in the '80s. But cool silvery or smoky shades of blue imparts a fresh and modern look. The trick is to keep the rest of your makeup soft, advises Bobbi Brown—no loud fuchsia lipstick! Try pairing a subtle blue shadow with a navy eyeliner. Some of spring's prettiest blues: Aveda Shadow plus Vitamins in Perception ($10; for stores, 800-328-0849) and Revlon Illuminance Creme Shadow in Moody Blues ($6.50).



Support for the armed forces is the highest it's been for decades. But in the Air Force, one fighter pilot is questioning military policy—and opening up a contentious divide. What do you think of her decision to hang tough?

"The fight of my life"

By U.S. Air Force Lt. Col. Martha McSally, as told to Cynthia Hanson

LAST NOVEMBER 2, I WAS AT MY post on Prince Sultan Air Base in Saudi Arabia when a helicopter carrying 11 American special operations servicemen malfunctioned and crashed in Afghanistan. As director of the Joint Search and Rescue Center, I shifted into high gear to do the job I'd been trained for: choreographing the rescue of our troops.

It was a complicated operation, involving more than a half-dozen types of aircraft and hundreds of personnel. I tracked the location of our troops, consulted generals in the field, received briefings on the weather and terrain in enemy territory, directed pilots to the crash site and diverted aircraft on bombing runs in Afghanistan to support the rescue effort. In the end, we rescued all 11 men.

After working 28 hours straight, I returned to my dorm room exhausted. But even if I'd had the energy, I would not have left the base to celebrate. In fact, in the 13 months I had been in Saudi Arabia, I had never gone off base for leisure, because I could not bring myself to abide by the rules that our government had imposed on me and the other 1,000 American servicewomen in Saudi Arabia since the end of the Gulf War. We have to cover ourselves in an *abaya*, a black gown and head scarf worn by Saudi women, whenever we travel off base. We also aren't allowed to drive or sit in the front seat of the car, and must be escorted by a man—and pretend to be his wife if questioned by locals or the Saudi religious police.



A Muslim woman wearing the traditional garb McSally and other American servicewomen were required to wear

Why am I against these mandates? As a woman, I find them demeaning. As a Christian, I resent being ordered to wear the clothing of the Muslim faith. The Saudi government never requested that American women wear the abaya. And the dress code is discriminatory, as it explicitly forbids male servicemen from wearing traditional Muslim garb. It's inconsistent, too, because it doesn't apply to women in the State Department working in Saudi Arabia or to the wives of U.S. servicemen. The same is true of the travel policy—State Department women may sit in the front seat of a vehicle, and they don't have to pretend to be married. The only restriction that applies to women across the board is the prohibition against driving. Also, since only one religion is tolerated in Saudi Arabia, all military personnel are restricted from wearing non-Islamic religious symbols when they leave the base.

"I resent being ordered to wear the clothing of the Muslim faith—it's demeaning and discriminatory"

For six years, I tried to bring about change from within the system. Though numerous officials heard my concerns, and progress sometimes was promised, rescinding the policies never became a priority to anyone but me. So in December, I took a drastic step, and sued Donald Rumsfeld, as head of the Defense Department, where the rules originated. I'm seeking an immediate policy change, not money.

At 36, I've been an officer on the fast track, having earned the rank of Lieutenant Colonel four years ahead of my peers. Currently, I'm the most senior female combat pilot in the U.S. Air Force. I'm a warrior—but in the beginning I had no idea this would become the fight of my life.

YOUNG REBEL WITH A CAUSE

I was raised in Warwick, Rhode Island, the youngest of five children. My father, a lawyer, died suddenly of a heart attack when I was 12. In what ended up being our last conversation, he said, "Make me proud." I tried to do just that. In high school, I was valedictorian of my class and captain of the track team. My mother, who supported our family as a teacher after my father died, was a tremendous role model. From her example, I learned tenacity and grace under pressure.

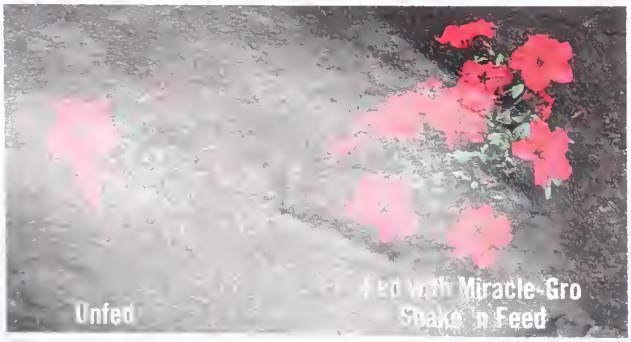
When it came time for college, I applied to the U.S. Air Force Academy in Colorado Springs, Colorado, though I was naive about military life. I liked the concept of trading a free education for service to my country. At the time, I expected to be a physician specializing in aerospace medicine. But by the end of freshman year, after taking some rides in fighter jets—what the Air Force calls "incentive flights" to introduce cadets to flying—I changed career plans. I found it exhilarating to fly upside down, looking at the clouds and the sunset.

Flying a fighter jet is the premier assignment in the Air Force, so I decided that's what I wanted to do—even though in the mid-1980s women were *(continued)*

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(continued) prohibited from flying combat aircraft in all branches of the military. And at 5-foot-3, I was an inch too short to fly cargo, tanker and other support aircraft. For two years, I lobbied the head doctor at the academy for a waiver, because even though my legs weren't long enough, they were strong and my sitting height was within limits. I had a hunch that the military eventually would lift the ban on women fighter pilots, because it didn't make sense to exclude so many servicewomen from this line of work.

Fortunately, the doctor designed a series of tests so I could prove I was fit enough for flight training. I was the only cadet to receive an exemption during my senior year.

In 1988, I graduated with a degree in biology, ranking 25 in a class of 1,050 cadets, and won an Air Force scholarship to Harvard, where I earned a master's degree in public policy. In 1993, when the military opened up combat aircraft to women, I was one of seven female officers selected to fly a fighter jet. I chose the A-10, a single-seat plane designed for close air-to-ground support. We call the "Warthog"—it's an ugly, down-and-dirty tank killer—but I was attracted to its mission of assisting our troops on the front lines.

I was just informed that I will be told to wear an abaya from PSAB to Eskan Village upon my arrival in theater. I arrive at 0150 on 16 November, and will travel by van to Eskan at that time. Sir, I have no intention of making a scene, but I thought it was important to reiterate my conviction so that no one is surprised. I am a Christian American soldier, not a Muslim Saudi woman.

an e-mail to officials at the Saudi base, Sally made clear her position

POLITICALLY INCORRECT

In 1995, I was sent to Kuwait for my first deployment. From Al Jaber Air Base, I flew A-10 missions over Iraq, enforcing the no-fly zone that went into effect after the Gulf War when the U.S. military increased its presence in the Middle East. Shortly after arriving, I read about the abaya policy in a military newspaper for Americans stationed in the Middle East. There was a picture of a young enlisted woman in Saudi Arabia wearing the head-to-toe black outfit. Beneath it, the caption read: "This is the appropriate and proper way for a woman to wear the abaya and head scarf when she leaves the base."

Outraged, I contacted headquarters of the Joint Task Force Southwest Asia, in Riyadh, Saudi Arabia, to find out how the policy got started and who had the authority to change it. An officer on the commander's staff said it was a "high-level State Department policy" that had been established after the Gulf War, in deference to "host-nation" sensitivity. When I queried my chain of command, I was informed that the policy would not be changed.

In 1999, I was one of 12 officers selected by the Air Force for a prestigious legislative fellowship in Washington, D.C. During my time on Capitol Hill working for Senator John Kyl (R–Ariz.), I mentioned the abaya rules and my objections to them to other Congressional staffers, again hoping that someone with influence would share my outrage and push for change. It wasn't until a colleague sent a formal inquiry to the State Department that I learned the truth: The dress code and travel policy came from the Defense Department; the officer at the Southwest Asia headquarters had been misinformed. I also discovered that the policy was one that the local commander in the region had the discretion to enforce or rescind.

Once my fellowship ended, I was tapped to direct search-and-rescue missions over Iraq. It was a plum job—a real testament to my leadership and skills. The only drawback: I'd be stationed in Saudi Arabia.

I immediately phoned the local commander, a two-star general, who would be my boss.

"Sir, this policy needs to be changed," I said. "I hope you'll respect the fact that as a Christian, I cannot wear the abaya."

"Okay," he replied. "I respect your straightforwardness. C'mon over, and let's see what we can do about this."

Then, in November 2000, just 72 hours before my scheduled departure, a friend, the base chaplain in Saudi Arabia, sent me an e-mail, asking whether I was aware that the commander intended to make me abide by the policy. Over the next 24 hours, I exchanged e-mails with the commander's chief of staff and a military lawyer. I explained that I planned to wear loose-fitting Western clothing for my trip from the airport to the base, not the abaya. They argued that given the increasing terrorist threat in the Middle East, it was more important than ever for American servicewomen to blend in among the Saudis and avoid harassment from the local religious police. Calling the abaya policy a "lawful order," they threatened me with a court-martial if I disobeyed.

The next day, I visited my commander in Washington, D.C. "Sir, I'm about to torch myself over my conviction," I said.

"If you're committed to changing the policy, put aside your personal conviction *(continued on page 106)*

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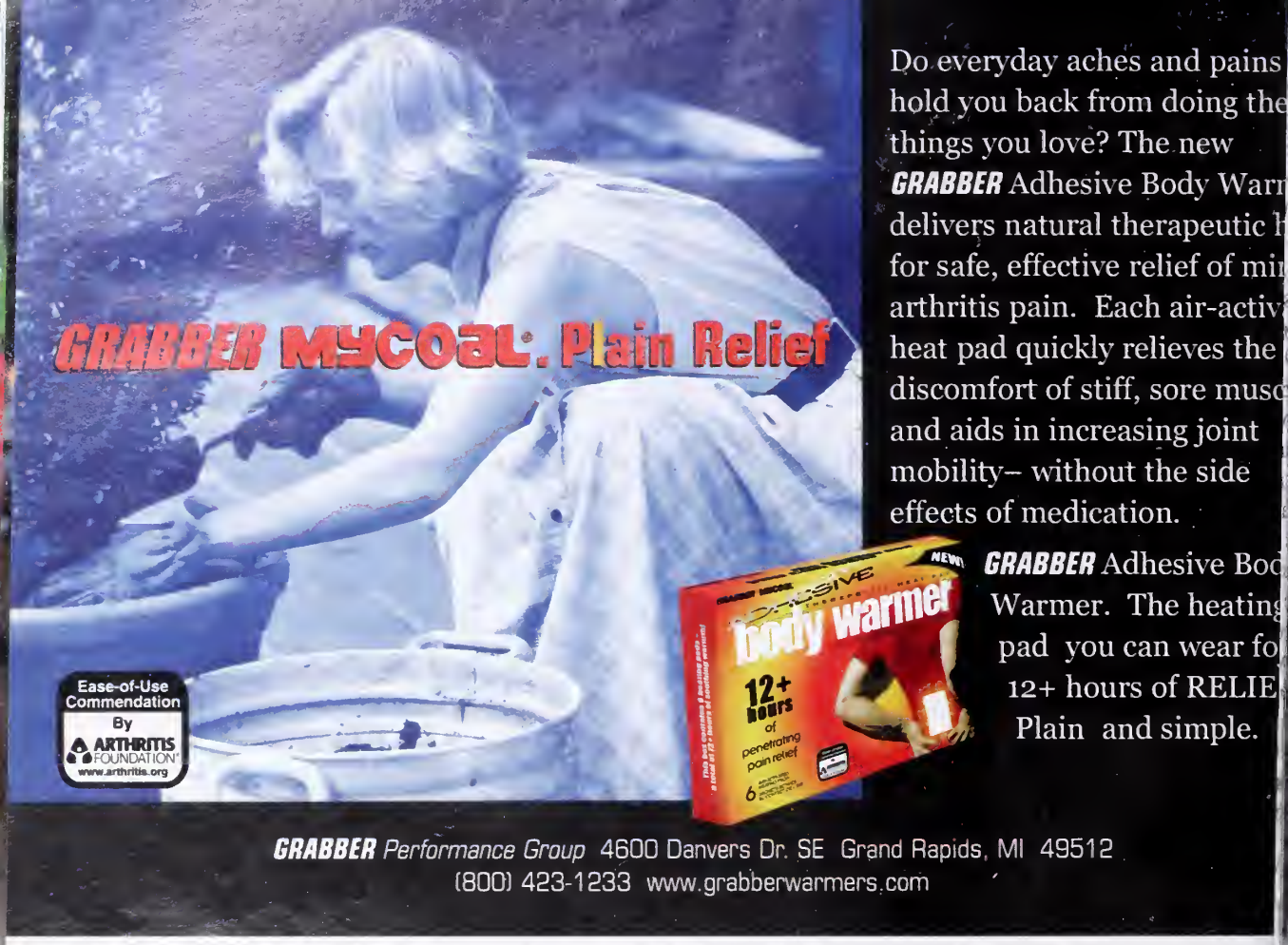
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"THE FIGHT OF MY LIFE"

Continued from page 103

one time," he advised. "If you disobey the order, you'll never get it changed."

After a night of prayer, I decided to take his advice. Arriving at Prince Sultan Air Base in the middle of the night, I was ushered into a small tent, given a quick briefing and handed an abaya. Then I was escorted to a car with dark tinted windows and, as the only woman in the group, directed to sit in the backseat for the ride to our base. I felt humiliated and angry. It struck me as ludicrous that the Air Force will let me go up alone in a single engine fighter jet over enemy territory, but won't let me sit in the front seat of a car on a Saudi street.

During my first month, I didn't complain about the dress code; I wanted to prove that I was a competent, professional officer, not a loose-cannon troublemaker. But I also didn't wear the abaya. Rather than leave base for duty, I sent my deputy and other subordinates to represent me at meetings in town. Soon, my direct supervisor questioned my behavior and urged me to talk to the commander again.

When we met, I gave the commander a point paper that explained why the abaya policy was discriminatory, and also suggested how it could be changed. But he wasn't swayed. "You're the only one who cares about it," he said. "It's not changing."

In April 2001, a *USA Today* reporter requested an interview after hearing about my crusade from a Congressional staffer. By going public, I knew I was putting my career in jeopardy, but I saw no chance of reform unless I took my case to the widest audience possible. My strategy paid off: After the story ran on the front page, my commander agreed to review the policy and five Republican senators wrote to Secretary Rumsfeld, urging him to change it.

Interestingly, my crusade has brought support from liberals, fe nists and religious conservatives. J Whitehead, founder of the Ruther Institute, of Charlottesville, Virgi the civil liberties organization that resented Paula Jones in her against President Clinton, offered legal assistance if I wanted to sue government. I declined, explair that I still believed the policy coul changed without litigation.

Every few weeks, I asked for an date on the policy review. I neve ceived a clear answer, and by Aug my patience had expired. When superiors told me, "It's not con anytime soon," I asked the Ruther Institute to draft the lawsuit. It w painful decision to sue the U.S. ernment, but I believe the military me no choice.

COURAGE AND CONVICTI

At work, the reaction to my law was mixed. Though I got sup

my subordinates and peers, my direct superiors—
nen who report to the commander—reprimanded
n person and in writing. My superiors believe that
hoices I've made are both disloyal and unprofes-
l. Of course, I respectfully disagree.

roughout my career, I've been treated with dignity, so
t believe the military intends to demean our service-
n. The dress code simply became the status quo, get-
assed down from one commander to the next without
on. As one of my former supervisors said, "When I
d you to go off base for duty, Martha, I didn't even
about the abaya policy." That's part of the problem.

other reason for fighting this policy is to keep sex-
om creeping onto the base. What the policy subtly
unicates is that women aren't as valuable as men.
hat's not a message the military should send.

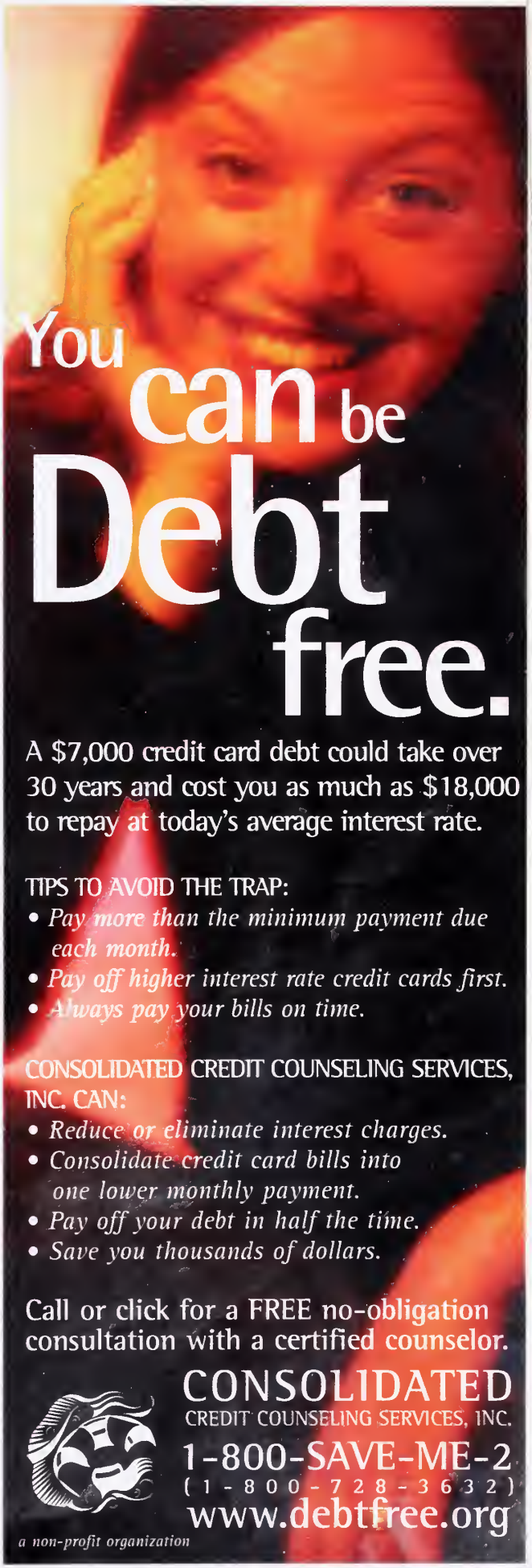
e the lawsuit was filed, I did a series of interviews to
wareness about the issue and generate political pres-
n the Defense Department. My efforts have brought
progress. In January, the military amended the policy
women are "strongly encouraged," but no longer re-
to wear the abaya when they leave the base. In Febru-
e requirements banning women from sitting in the
eat and leaving the base unescorted were dropped—
ain, are encouraged. Those are definitely steps in the
irection. I'm concerned, though, that a phrase like
gly encouraged" could be construed as an order in the
y. We've got a way to go, so I won't drop my lawsuit.
, I hope the suit itself will motivate the Defense De-
nt to rescind the abaya policy. I'm not eager for a
ear court battle, but I'm prepared to go the distance.
*r's note: As LHJ went to press, government lawyers
ked a federal judge to dismiss McSally's lawsuit.)*

now stationed at Davis-Monthan Air Force Base, in
, Arizona, working the staff job I requested at the
my tour in Saudi Arabia last December. To hone my
ement skills, I'm supervising 15 enlisted personnel
uld be deployed as ground support for an air war.

committed to the Air Force through October 2003,
aven't determined my next move yet. If I feel
to stay in the military, I will do so regardless of
my career is going. If I feel called to leave, I'll
In the meantime, I'll continue to serve the country
with dignity, as I have for the past 18 years. And I
hat whenever I leave the Air Force, I'll be remem-
as a dedicated officer and warrior—and a woman
ood up for her beliefs. ■

*a Hanson is a Philadelphia-based writer who
rtly contributes to Ladies' Home Journal.*

us what you think Do you think Lieutenant
el Martha McSally is doing the right thing in suing
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Are you prepared for an emergency?

A guide to thinking straight and acting smart in any disaster—whether it's a fire, toxic spill or terrorism

By Paula Chin



Studies show that people underestimate how fast fire spreads

NO MATTER WHERE WE LIVE, SAFETY has taken on a whole new meaning since the horrendous events of September 11. According to a nationwide poll conducted by LHJ in January, 37 percent of women said security was "their greatest wish for the coming year." However, our heightened awareness of the perils we face every day—whether natural or man-made, a train crash or a toxic spill, a fire or a firebomb—doesn't mean we have to live in constant fear, says Gavin De Becker, the renowned international security expert and author of *Fear Less: Real Truth About Risk, Safety, and Security in a Time of Terrorism* (Little, Brown, 2002).

The best defense against disaster? Be prepared. Assess your family's greatest risks—at home, at school, at work and in the public places you frequent most. Have a plan of action in the event of an emergency, and practice it until it becomes second nature. Safety is your responsibility, says De Becker, who has advised such clients as the CIA and the Supreme Court. Take the proper precautions, and be confident that you'll recognize danger signs when they appear. "Trusting intuition," he has said, "is the exact opposite of living in fear."

To help you respond to emergencies you and your loved ones are most likely to face, LHJ teamed up with Court TV to offer timely advice.

(continued on page 112)



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SAFETY FIRST

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a) Immediately run outside and assess the situation.
b) Call the police or 911.
c) Turn on the TV and/or radio for news.

2. Your children are at school when you learn that a huge explosion and fire has erupted in the building next door. You:
a) Call the school to see if they are all right.
b) Drive to school to pick them up.
c) Wait to hear instructions from authorities on the TV or radio.

3. The movie has just started on your cross-country flight when, a few rows up, a male passenger starts muttering threats. Your next move:
a) Don't interfere. Wait for an air marshal or crew member to handle it.
b) Alert a flight attendant.
c) Recruit other passengers and plan how to subdue him.

4. You are waiting for a train in a crowded station when someone yells, "He's got a bomb!" Panic ensues as people begin screaming and running in all directions. You:
a) Find an out-of-the-way spot, then duck and cover.
b) Head to the nearest exit.
c) Look for a security guard or policeman.

5. At work on the fourth floor of a 10-story building, you're the first to spot smoke coming from the corner office. You:
a) Grab a fire extinguisher and try to put out the fire.
b) Yell, "Fire!" and tell co-workers to evacuate.
c) Head for an exit and sound the fire alarm.

ANSWERS

1. **(C)** In order to take appropriate action, turn on the TV or radio to determine as quickly as possible what has actually happened. Though there is some risk of a bio-chemical attack, your neighborhood is much more likely to be contaminated by a toxic spill. News alerts, not local police or 911, will be the first to tell you what's going on and whether to stay in your house or evacuate. "Hazardous material spills happen all the time, all over the country," says *(continued)*

COURT TV To further test your knowledge of safety, you and your family can participate in a unique interactive TV event. Watch the *Court TV/Ladies' Home Journal Safety Challenge: The New Meaning of Safe* on Wednesday, April 3, at 10 P.M., E.T. and Sunday, April 7, at 10 P.M., E.T. on Court TV. Also check Court TV's Web site: *www.courttv.com* or AOL keyword: Court TV.

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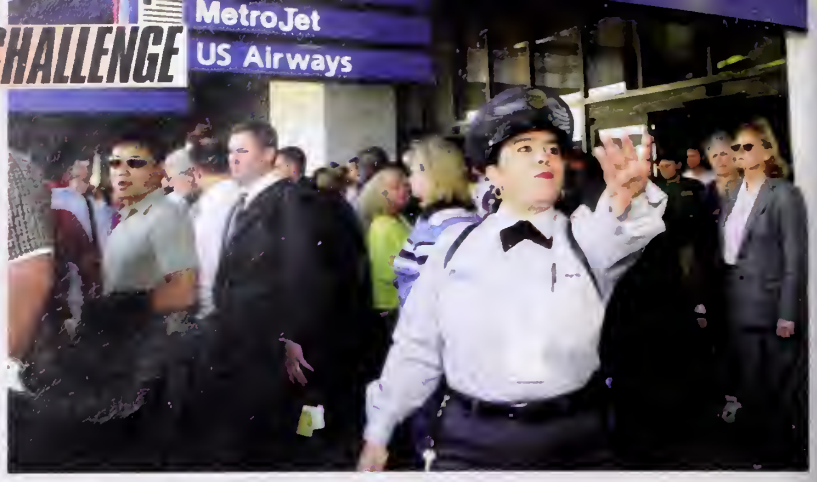
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We make the things that make you feel at home.®



When airport officials ask you to evacuate, stay calm

(continued) Neil Livingstone, Ph.D., chairman of GlobalOptions, a risk-management firm in Washington, D.C. In fact, last year there were 344 major incidents involving overturned tanker trucks or derailed trains alone, according to the U.S. Department of Transportation.

Even if there is no fire, fumes from chemical spills can be lethal, and you should evacuate as quickly as possible. Chlorine gas, for example, which is used in water purification and as a disinfectant and antiseptic, attacks the respiratory system and causes slow death by asphyxiation. It is so potent that after the September 11 attacks on the World Trade Center and the Pentagon, the Blue Plains Sewage Treatment Plant, in Washington, D.C., was considered the most hazardous terrorist target, according to Livingstone. Another common spill is hydrofluoric acid. "It's used to etch glass, so you can imagine what it does to your lungs," says Livingstone. "It immediately turns everything brown—and dead." Even prolonged exposure to burning tires or gasoline—the most common type of hazmat accident—can be dangerous, especially to children, the elderly and those with asthma.

In a toxic spill, a car is one of the safest places because it's airtight

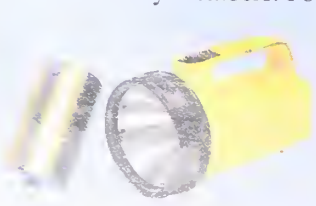
If you learn that a toxic spill has occurred, you'll need to evacuate as quickly as possible. Gather your family and pets. To protect your lungs, put on a surgical-type mask (the kind that painters and woodworkers use can be purchased by the package at hardware stores for just a few dollars). Or wet a piece of tightly woven cloth—a men's cotton dress shirt is ideal—fold it into two layers, and put it over your mouth. Protect your eyes with any type of goggles or glasses, but only if they are handy. Don't waste precious time looking for them.

Then head for the car. "It's one of the safest places because it's airtight," says Livingstone. Roll up the windows, close the vents (don't turn on the air conditioning, which circulates outside air into the car) and drive away from the accident site. But if the wind is carrying smoke in your direction, take a different escape route to avoid it. Go to a hospital if any member of your family shows signs of respiratory distress, has a headache or blurry vision.

2. **(C)** All schools are required to have fire emergency response plans; if your children's schools haven't informed parents about their procedures at the beginning of the year, demand that they do. Then follow them—including staying away from the area. "Police and firefighters will be arriving and setting up on the streets, and you'll simply get in their way," says Rocky Lopes, senior associate for disaster education at the American Red Cross, in Washington, D.C. "And your children will probably have been evacuated by the time you get there." Resist the urge to call your kids, who need to focus on evacuation instructions from authorities, or *(continued)*

Disaster supply kit

There are basics every family should stock for emergencies: a three-day supply of water (a gallon a day for each person) and nonperishable food, first-aid supplies such as bandages and antiseptic, clothes and bedding (including at least one change of clothing and shoes for each person), and a flashlight and battery-operated radio. Store the kit in a convenient place known to all family members. For more information, visit the American Red Cross at *www.redcross.org*, or write to the Federal Emergency Management Agency (FEMA), P.O. Box 70204, Washington, DC, 20024, for a free booklet.





TALK. KNOW. ASK. **PARENTS. THE ANTI-DRUG.**

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Know the fastest exit route in case of fire

(continued) the school itself, which needs to keep the lines open. And you don't want to jam the local phone system. "Telecommunications networks can become full when more than ten percent of people who have phones in the area are using them," explains Lopes. "Even though they have their own radios, emergency response officials depend on the same network as the public, so you don't want to be tying up lines and preventing them from making urgent calls."

Be patient and stay calm. Know that school and local emergency officials will take every precaution to protect your kids. Though it goes against every parent's instincts, wait for news broadcasts for information from authorities on where your children have been taken and where you can pick them up.

3. **(B)** Don't try to be a hero. "In our oversensitivity after September eleventh, just going in and trying to take charge is unwise and could create a far worse situation," says Glenda Hatchett, a former Delta Airlines spokesperson and global crisis management supervisor, now known for her syndicated TV show *Judge Hatchett*. "The man could be mentally ill, and your interference could cause him to end up hurting passengers even if he didn't intend to. And if he is a terrorist, he might grab you as a hostage to gain access to the cockpit." And don't expect a sky marshal to be on board: Only 100 of them were deployed in the weeks before September 11, and while legislation was passed in November to train thousands more, it will take years to put air marshals on even half of domestic flights.

Instead, alert a flight attendant, who is trained to handle problem passengers, whether they're disgruntled, intoxicated, unstable—or deadly. Attendants know when to alert the captain or crew members, who can come out into the cabin and take charge, or notify ground authorities if it becomes necessary to divert the flight or make an emergency landing.

What if the cabin crew cannot control an unruly passenger? Then the time has come to take action, says Walter Philbrick, president of International Protective Services, in Hollywood, Florida, which offers defensive training to corporations and the public. Just don't rush in alone. "It's essential to make a plan with other passengers first," he says. "Maybe one of you will distract him, two others will grab his hands and you'll grab him from behind. The goal is to control the person, which means keeping him seated and from getting more aggressive."

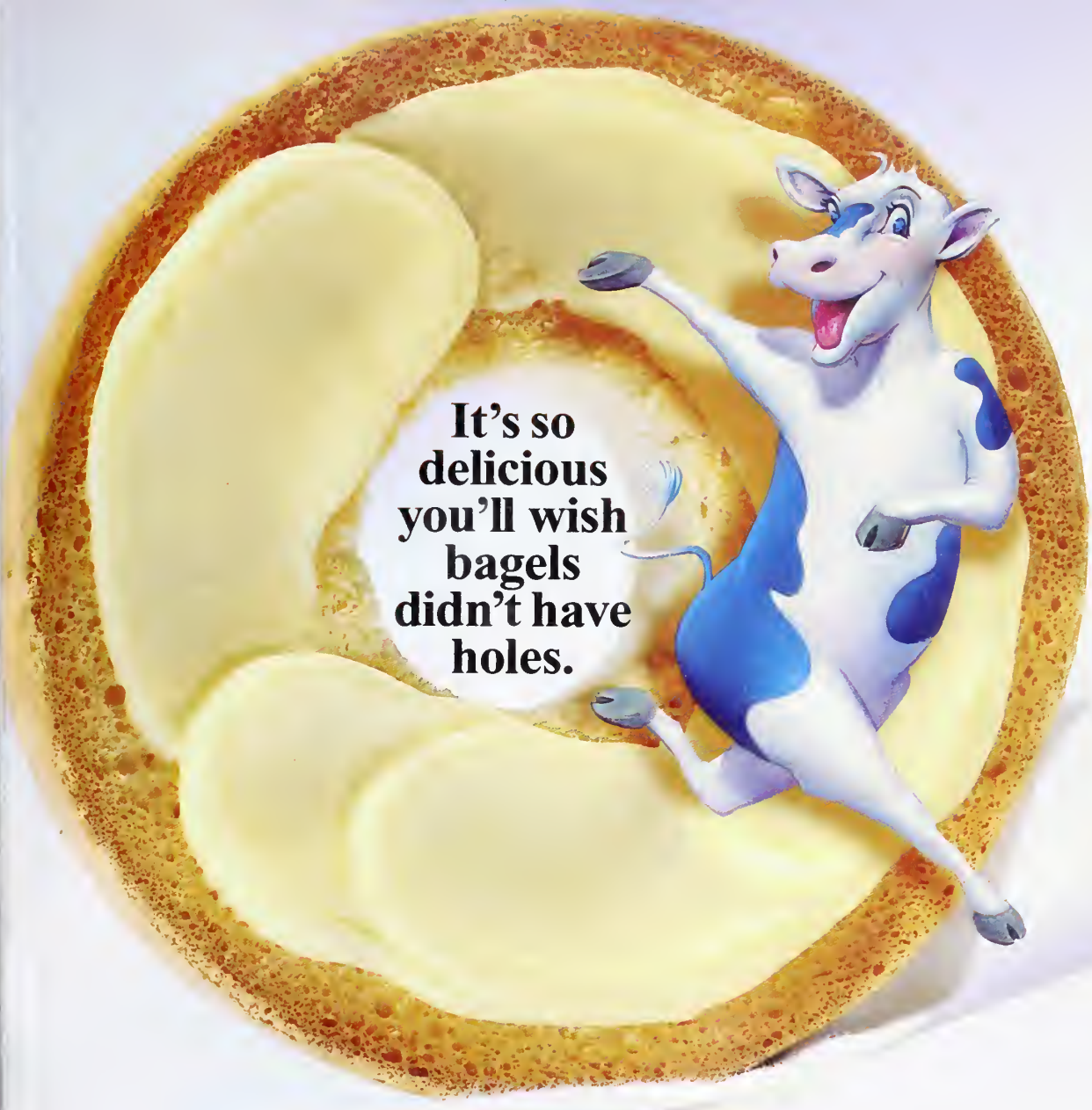
However, if someone becomes violent or poses a clear threat to the safety of the aircraft or passengers, Philbrick advises doing whatever it takes to subdue him: "If he's got a knife, wrap a leather jacket around your arm or put your shoes on your hands to protect yourself. Have the guy next to you throw a piece of luggage at him, then disarm him and take him down." In the four-hour antiterrorism class he offers each week, Philbrick teaches the so-called towel technique to tackle someone from behind: Twist an airplane blanket into a rope, throw it over the person's head and yank him backward. The key is to be prepared. "When you get on board, look around *(continued on page 122*

Resist the urge to call your kids. You don't want to jam the school's phone lines

Staying in touch



Plan ahead on how your family will stay in contact in the event of a disaster during school or any time you are separated. Since local phone lines may be jammed during an emergency, choose an out-of-town friend or relative as a check-in contact for everyone to call. If you have a Palm Pilot or a BlackBerry, sending e-mail to loved ones can be more reliable than calling, because such hand-held wireless devices use different—and less congested—radio bands than voice services.

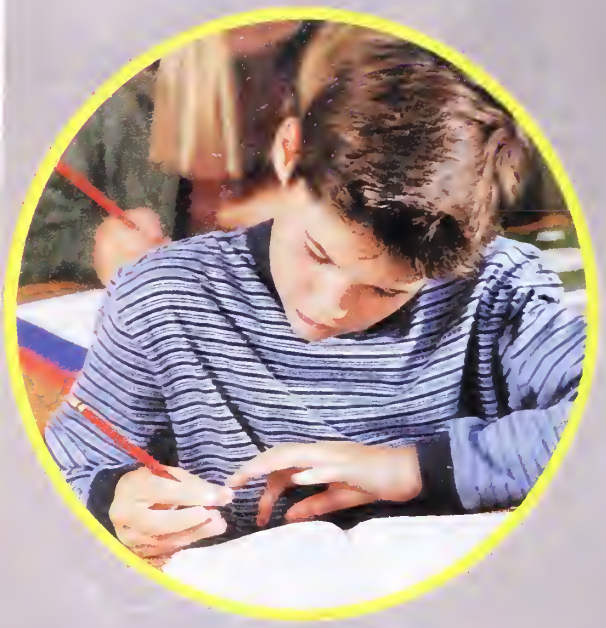


It must "B" BRUMMEL & BROWN, the ONLY spread blended with the wholesome goodness of yogurt. Unique and appealing, it's got 50% less fat than butter and margarine and no cholesterol or trans fats. It's so surprisingly delightful that you'll wish your toaster was faster.

"Hey! There's Yogurt in there."



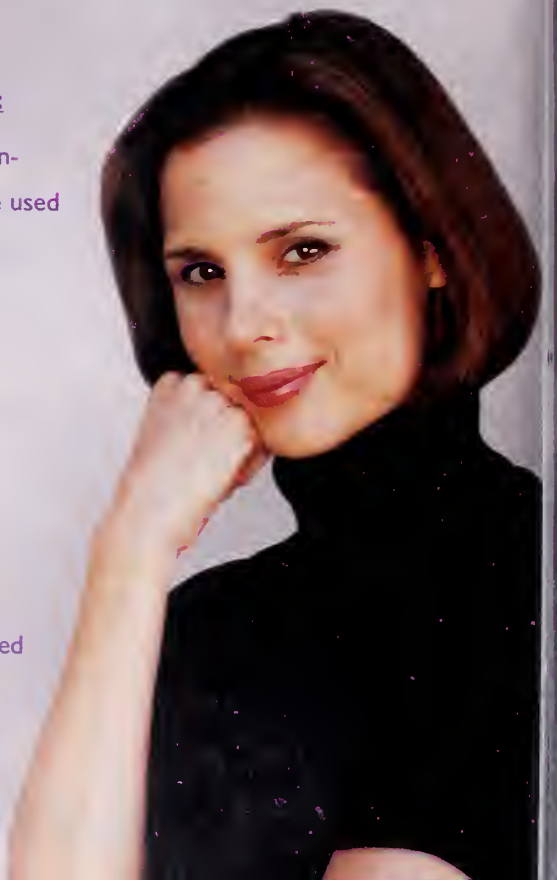
Things are good on th



Good start.



Good day.



IMPORTANT SAFETY INFORMATION FOR PATIENTS:

ADDERALL XR is for patients with a confirmed diagnosis of attention-deficit/hyperactivity disorder (ADHD). **ADDERALL XR** should not be used in children under 6 years of age.

ADDERALL XR should not be used in children

- Who are overly anxious or agitated
- With glaucoma, tics, or Tourette's syndrome
- Who are taking or who recently took an MAO inhibitor

Amphetamines have a high potential for abuse. Caution is advised in [illegible] or alcohol dependence, mental illness, [illegible] conditions.

[illegible] **ADDERALL XR** include decreased appet[illegible], and emotional lability.

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If your child is taking Adderall®, ask your doctor if now is a good time for your child to try

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If you have a child with ADHD, you know how hard some days can be. The right medication is a good start in making things better for your child and your whole family. A single morning dose of **ADDERALL XR** provides effective control of ADHD symptoms throughout the day, including the important times when many children participate in sports, after-school activities, and do homework.[1-3] Just one dose in the morning, and you and your child are free from the inconvenience of multiple daily doses or the need to take medication to school.

Ask your doctor today about the benefits of once a day ADDERALL XR and whether or not now is a good time to switch to a once a day medication that can help your child make the most of his or her entire day!

You can also access ADDERALLXR.com or Call 888-774-3000 for more information.

ONE DOSE DAILY
ADDERALL XR™ CII
10 mg, 20 mg, 30 mg CAPSULES

se see references and a brief summary of prescribing information on adjacent page.
)ERALL® is registered in the United States Patent and Trademark Office

2 Shire US Inc., Florence, Kentucky 41042 April 2002 AXJA311

Shire

References: 1. Data on file, Shire US Inc., 2001. 2. ADDERALL XR package insert, Shire US Inc., 2001. 3. Biederman J. Once-daily dosed SLI 381 for pediatric ADHD. Platform presentation at: 154th Annual Meeting of the American Psychiatric Association; May 9, 2001; New Orleans, La.

ONE DOSE DAILY

ADDERALL XR® CII

10 mg, 20 mg, 30 mg CAPSULES

(Mixed Salts of a Single-Entity Amphetamine Product)
Dextroamphetamine Sulfate Dextroamphetamine Saccharate
Amphetamine Aspartate Monohydrate Amphetamine Sulfate

BRIEF SUMMARY: Consult the full prescribing information for complete product information.

ADDERALL XR™ CAPSULES **CII Rx Only**

AMPHETAMINES HAVE A HIGH POTENTIAL FOR ABUSE. ADMINISTRATION OF AMPHETAMINES FOR PROLONGED PERIODS OF TIME MAY LEAD TO DRUG DEPENDENCE. PARTICULAR ATTENTION SHOULD BE PAID TO THE POSSIBILITY OF SUBJECTS OBTAINING AMPHETAMINES FOR NON-THERAPEUTIC USE OR DISTRIBUTION TO OTHERS AND THE DRUGS SHOULD BE PRESCRIBED OR DISPENSED SPARINGLY.

INDICATIONS

ADDERALL XR™ is indicated for the treatment of Attention Deficit Hyperactivity Disorder (ADHD).
The efficacy of ADDERALL XR™ in the treatment of ADHD was established on the basis of two controlled trials of children aged 6 to 12 who met DSM-IV criteria for ADHD, along with extrapolation from the known efficacy of ADDERALL , the immediate-release formulation of this substance.

CONTRAINDICATIONS

Advanced arteriosclerosis, symptomatic cardiovascular disease, moderate to severe hypertension, hyperthyroidism, known hypersensitivity or idiosyncrasy to the sympathomimetic amines, glaucoma
Agitated states. Patients with a history of drug abuse
During or within 14 days following the administration of monoamine oxidase inhibitors (hypertensive crises may result).

WARNINGS

Psychosis: Clinical experience suggests that, in psychotic patients, administration of amphetamine may exacerbate symptoms of behavior disturbance and thought disorder.
Long-Term Suppression of Growth: Data are inadequate to determine whether chronic use of stimulants in children, including amphetamine, may be causally associated with suppression of growth. Therefore, growth should be monitored during treatment, and patients who are not growing or gaining weight as expected should have their treatment interrupted.

PRECAUTIONS

General: The least amount of amphetamine feasible should be prescribed or dispensed at one time in order to minimize the possibility of overdosage.
Hypertension and other Cardiovascular Conditions: Caution is to be exercised in prescribing amphetamines for patients with even mild hypertension (see CONTRAINDICATIONS). Blood pressure and pulse should be monitored at appropriate intervals in patients taking ADDERALL XR™, especially patients with hypertension.
Tics: Amphetamines have been reported to exacerbate motor and phonic tics and Tourette's syndrome. Therefore, clinical evaluation for tics and Tourette's syndrome in children and their families should precede use of stimulant medications.
Information for Patients: Amphetamines may impair the ability of the patient to engage in potentially hazardous activities such as operating machinery or vehicles; the patient should therefore be cautioned accordingly.
Drug Interactions: *Acidifying agents*—Gastrointestinal acidifying agents (guanethidine, reserpine, glutamic acid HCl, ascorbic acid, etc.) lower absorption of amphetamines
Urinary acidifying agents—These agents (ammonium chloride, sodium acid phosphate, etc.) increase the concentration of the ionized species of the amphetamine molecule, thereby increasing urinary excretion. Both groups of agents lower blood levels and efficacy of amphetamines.
Adrenergic blockers—Adrenergic blockers are inhibited by amphetamines
Alkalinizing agents—Gastrointestinal alkalinizing agents (sodium bicarbonate, etc.) increase absorption of amphetamines. Co-administration of ADDERALL XR™ and gastrointestinal alkalinizing agents, such as antacids, should be avoided. Urinary alkalinizing agents (acetazolamide, some thiazides) increase the concentration of the non-ionized species of the amphetamine molecule, thereby decreasing urinary excretion. Both groups of agents increase blood levels and therefore potentiate the actions of amphetamines
Antidepressants, tricyclic—Amphetamines may enhance the activity of tricyclic antidepressants or sympathomimetic agents; d-amphetamine with desipramine or protriptyline and possibly other tricyclics cause striking and sustained increases in the concentration of d-amphetamine in the brain; cardiovascular effects can be potentiated.
MAO inhibitors—MAOI antidepressants, as well as a metabolite of furazolidone, slow amphetamine metabolism. This slowing potentiates amphetamines, increasing their effect on the release of norepinephrine and other monoamines from adrenergic nerve endings; this can cause headaches and other signs of hypertensive crisis. A variety of toxic neurological effects and malignant hyperpyrexia can occur, sometimes with fatal results.
Antihistamines—Amphetamines may counteract the sedative effect of antihistamines.
Antihypertensives—Amphetamines may antagonize the hypotensive effects of antihypertensives.
Chlorpromazine—Chlorpromazine blocks dopamine and norepinephrine receptors, thus inhibiting the central stimulant effects of amphetamines, and can be used to treat amphetamine poisoning.
Ethosuximide—Amphetamines may delay intestinal absorption of ethosuximide.
Haloperidol—Haloperidol blocks dopamine receptors, thus inhibiting the central stimulant effects of amphetamines.
Lithium carbonate—The anorectic and stimulatory effects of amphetamines may be inhibited by lithium carbonate.
Meperidine—Amphetamines potentiate the analgesic effect of meperidine.
Methenamine therapy—Urinary excretion of amphetamines is increased, and efficacy is reduced, by acidifying agents used in methenamine therapy.
Norepinephrine—Amphetamines enhance the adrenergic effect of norepinephrine.
Phenobarbital—Amphetamines may delay intestinal absorption of phenobarbital; co-administration of phenobarbital may produce a synergistic anticonvulsant action.
Phenytoin—Amphetamines may delay intestinal absorption of phenytoin; co-administration of phenytoin may produce a synergistic anticonvulsant action.
Propoxyphene—In cases of propoxyphene overdosage, amphetamine CNS stimulation is potentiated and fatal convulsions can occur.
Veratrum alkaloids—Amphetamines inhibit the hypotensive effect of veratrum alkaloids
Drug/Laboratory Test Interactions: Amphetamines can cause a significant elevation in plasma corticosteroid levels. This increase is greatest in the evening.
Amphetamines may interfere with urinary steroid determinations
Carcinogenesis/Mutagenesis and Impairment of Fertility: No evidence of carcinogenicity was found in studies in which d,l-amphetamine (enantiomer ratio of 1:1) was administered to mice and rats in the diet for 2 years at doses of up to 30 mg/kg/day in male mice, 19 mg/kg/day in female mice, and 5 mg/kg/day in male and female rats. These doses are approximately 2.4, 1.5, and 0.8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis.
Amphetamine in the enantiomer ratio present in ADDERALL (immediate-release)(d- to l- ratio of 3:1), was not clastogenic in the mouse bone marrow micronucleus test *in vivo* and was negative when tested in the *E. coli* component of the Ames test *in vitro*. d,l-Amphetamine (1:1 enantiomer ratio) has been reported to produce a positive response in the mouse bone marrow micronucleus test, an equivocal response in the Ames test, and negative responses in the *in vitro* sister chromatid exchange and chromosomal aberration assays.
Amphetamine in the enantiomer ratio present in ADDERALL (immediate-release)(d- to l- ratio of 3:1), did not adversely affect fertility or early embryonic development in the rat at doses of up to 20 mg/kg/day (approximately 5 times the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis).
Pregnancy: Pregnancy Category C. Amphetamine in the enantiomer ratio present in ADDERALL (d- to l- ratio of 3:1) had no apparent effects on embryofetal morphological development or survival when orally administered to pregnant rats and rabbits throughout the period of organogenesis at doses of up to 6 and 16 mg/kg/day, respectively. These doses are approximately 1.5 and 8 times, respectively, the maximum recommended human dose of 30 mg/day on a mg/m² body surface area basis. Fetal malformations and death have been reported in mice following parenteral administration of d-amphetamine doses of 50 mg/kg/day or greater (about 6 times the maximum recommended human dose of 30 mg/day on a mg/m² basis) or greater in rats. Administration of these doses was also associated with severe maternal toxicity.
Studies in rodents indicate that prenatal or early postnatal exposure to amphetamine (d- or d,l-) at doses comparable to those used clinically can result in long-term neurochemical and behavioral alterations. These alterations include learning and memory deficits, altered locomotor activity, and changes in brain morphology.
There are no adequate and well-controlled studies in pregnant women. There has been one report of severe malformations (tracheo-esophageal fistula and anal atresia (vater association) in a baby born to a woman who took dextroamphetamine sulfate with lovastatin during the first trimester of pregnancy. Amphetamines should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.
Nonteratogenic Effects: Infants born to mothers dependent on amphetamines have an increased risk of premature delivery and low birth weight. Also, these infants may experience symptoms of withdrawal as demonstrated by dysphoria, including agitation, and significant lassitude.
Usage in Nursing Mothers: Amphetamines are excreted in human milk. Mothers taking amphetamines should be advised to refrain from nursing.
Pediatric Use: ADDERALL XR™ is indicated for use in children 6 years of age and older.
Use in Children Under Six Years of Age: Effects of ADDERALL XR™ in 3-5 year olds have not been studied. Long-term effects of amphetamines in children have not been well established. Amphetamines are not recommended for use in children under 3 years of age.
Geriatric Use: ADDERALL XR™ has not been studied in the geriatric population.

ADVERSE EVENTS

The premarketing development program for ADDERALL XR™ included exposures in a total of 685 participants in clinical trials (615 patients, 70 healthy adult subjects). These participants received ADDERALL XR™ at daily doses up to 30 mg. The 615 patients (ages 6 to 12) were evaluated in two controlled clinical studies, one open-label clinical study, and one single-dose clinical pharmacology study (N=20). Safety data on all patients are included in the discussion that follows. Adverse reactions were assessed by collecting adverse events, results of physical examinations, vital signs, weights, laboratory analyses, and ECGs.
Adverse events during exposure were obtained primarily by general inquiry and recorded by clinical investigators using terminology of their own choosing. Consequently, it is not possible to provide a meaningful estimate of the proportion of individuals experiencing adverse events without first grouping similar types of events into a smaller number of standardized event categories. In the tables and listings that follow, COSTART terminology has been used to classify reported adverse events.
The stated frequencies of adverse events represent the proportion of individuals who experienced, at least once, a treatment-emergent adverse event of the type listed.
Adverse events associated with discontinuation of treatment: In two placebo-controlled studies of up to 5 weeks duration, 2.4% (10/425) of ADDERALL XR™ treated patients discontinued due to adverse events (including 3 patients with loss of appetite, one of whom also reported insomnia) compared to 2.7% (7/259) receiving placebo. The most frequent adverse events associated with discontinuation of ADDERALL XR™ in controlled and uncontrolled, multiple-dose clinical trials (N=595) are presented below. Over half of these patients were exposed to ADDERALL XR™ for 12 months or more.

Adverse event	% of patients discontinuing (N=595)
Anorexia (loss of appetite)	2.9
Insomnia	1.5
Weight loss	1.2
Emotional lability	1.0
Depression	0.7

Adverse events occurring in a controlled trial: Adverse events reported in a 3-week clinical trial of pediatric patients treated with ADDERALL XR™ or placebo are presented in the table below.
The prescriber should be aware that these figures cannot be used to predict the incidence of adverse events in the course of usual medical practice where patient characteristics and other factors differ from those which prevailed in the clinical trials. Similarly, the cited frequencies cannot be compared with figures obtained from other clinical investigations involving different treatments, uses, and investigators. The cited figures, however, do provide the prescribing physician with some basis for estimating the relative contribution of drug and non-drug factors to the adverse event incidence rate in the population studied.

Table 1 Adverse Events Reported by More Than 1% of Patients Receiving ADDERALL XR™ with Higher Incidence Than on Placebo in a 584 Patient Clinical Study

Body System	Preferred Term	ADDERALL XR™ (N=374)	Placebo (N=210)
General	Abdominal Pain (stomachache)	14%	10%
	Accidental Injury	3%	2%
	Asthenia (fatigue)	2%	0%
	Fever	5%	2%
	Infection	4%	2%
	Viral Infection	2%	0%
Digestive System	Loss of Appetite	22%	2%
	Diarrhea	2%	1%
	Dyspepsia	2%	1%
	Nausea	5%	3%
	Vomiting	7%	4%
Nervous System	Dizziness	2%	0%
	Emotional Lability	9%	2%
	Insomnia	17%	2%
	Nervousness	6%	2%
Metabolic/Nutritional	Weight Loss	4%	0%

The following adverse reactions have been associated with amphetamine use:
Cardiovascular: Palpitations, tachycardia, elevation of blood pressure. There have been isolated reports of cardiomyopathy associated with chronic amphetamine use.
Central Nervous System: Psychotic episodes at recommended doses, overstimulation, restlessness, dizziness, insomnia, euphoria, dyskinesia, dysphoria, tremor, headache, exacerbation of motor and phonic tics and Tourette's syndrome.
Gastrointestinal: Dryness of the mouth, unpleasant taste, diarrhea, constipation, other gastrointestinal disturbances. Anorexia and weight loss may occur as undesirable effects.
Allergic: Urticaria.
Endocrine: Impotence, changes in libido.

DRUG ABUSE AND DEPENDENCE

ADDERALL XR™ is a Schedule II controlled substance.
Amphetamines have been extensively abused. Tolerance, extreme psychological dependence, and severe social disability have occurred. There are reports of patients who have increased the dosage to many times that recommended. Abrupt cessation following prolonged high dosage administration results in extreme fatigue and mental depression; changes are also noted on the sleep EEG. Manifestations of chronic intoxication with amphetamines may include severe dermatoses, marked insomnia, irritability, hyperactivity and personality changes. The most severe manifestation of chronic intoxication is psychosis, often clinically indistinguishable from schizophrenia.

OVERDOSAGE

Individual patient response to amphetamines varies widely. Toxic symptoms may occur idiosyncratically at low doses.
Symptoms: Manifestations of acute overdosage with amphetamines include restlessness, tremor, hyperreflexia, rapid respiration, confusion, assaultiveness, hallucinations, panic states, hyperpyrexia and rhabdomyolysis. Fatigue and depression usually follow the central nervous system stimulation. Cardiovascular effects include arrhythmias, hypertension or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning is usually preceded by convulsions and coma.
Treatment: Consult with a Certified Poison Control Center for up-to-date guidance and advice. Management of acute amphetamine intoxication is largely symptomatic and includes gastric lavage, administration of activated charcoal, administration of a cathartic and sedation. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendation in this regard. Acidification of the urine increases amphetamine excretion, but is believed to increase risk of acute renal failure if myoglobinuria is present. If acute severe hypertension complicates amphetamine overdosage, administration of intravenous phentolamine has been suggested. However, a gradual drop in blood pressure will usually result when sufficient sedation has been achieved. Chlorpromazine antagonizes the central stimulant effects of amphetamines and can be used to treat amphetamine intoxication.
The prolonged release of mixed amphetamine salts from ADDERALL XR™ should be considered when treating patients with overdose.
Dispense in a tight, light-resistant container as defined in the USP
Store at 25° C (77° F). Excursions permitted to 15-30° C (59-86° F) [see USP Controlled Room Temperature].

Manufactured by Catalytica Pharmaceuticals Inc., Greenville, North Carolina 27835. Distributed and marketed by Shire US Inc., Florence, KY 41042

For more information call 1-800-536-7878 or visit www.adderallxr.com

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"Wisdom of the Wolf Spirit" has dreamed of the day when she would learn the ways of the wolf, and today her dream has come true! To honor this special occasion, this young Native American girl is clothed in a soft white "buckskin" dress, lavishly decorated with fringe and more than 1,000 hand-sewn beads. She is holding a dreamcatcher with a dangling wolf totem used to protect her from evil spirits and guide her towards a more courageous and independent life. This exclusive edition is hand-painted, hand-numbered, and crafted in porcelain with magnificent attention to detail...and can be yours for \$129.99, plus shipping and handling. To catch the spirit of childhood dreams, order today!

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"Wisdom Of The Wolf Spirit"

PLEASE RESPOND PROMPTLY

❑YES! Please reserve "Wisdom of the Wolf Spirit" for me. I will receive an invoice for the first installment before shipment.

- YOU NEED SEND NO MONEY NOW
- ONLY 5 PAYMENTS OF \$25.99* *(plus shipping and handling)*
- 365-DAY, MONEY-BACK GUARANTEE

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SAFETY CHALLENGE

Continued from page 116

and see who the big guys are, especially in the aisles," says Philbrick. "You might need their help."

4. **(B)** Walk to the nearest exit as calmly as you can and leave the station. "Take care of yourself first, then call 911 from your cell phone or a public phone," says Rocky Lopes. Getting out safely, however, sometimes requires quick thinking. "Usually, station operators or officials will be giving directions—use this exit; follow this group—and you should follow them," he says. "But sometimes you have to do things that are counterintuitive."

If people are stampeding, get out of the way—toward the walls or the far end of the platform—and let them pass so you don't get knocked over. It involves waiting only a matter of seconds, and it's the safest thing to do, explains Lopes, who n that more people are injured in ea quakes when they move around du the shaking rather than staying stil drop and cover. And if everyon heading toward one exit, look for other. "The point is to get away f the danger," says Lopes.



Let a stampeding crowd pass so you don't get knocked

5. **(C)** If you are the first person to cover a fire, head toward an exit sound the alarm so other people h as much time as possible to get safely. "The reality in a fire is that have a rapidly closing window of portunity to escape," says Mer Appy, vice president of public ed tion at the National Fire Protection sociation, in Quincy, Massachus "Our studies have shown that pe really underestimate the speed which a fire grows, the amount of and smoke involved and how di enting it is. People also overesti that they will know what to do. I

very dangerous assumptions." nowing in advance what to do in a isn't enough to maximize your nces of getting out alive; employees uld rehearse an escape plan so thor- nly that they will go on autopilot n disaster strikes. Everyone should

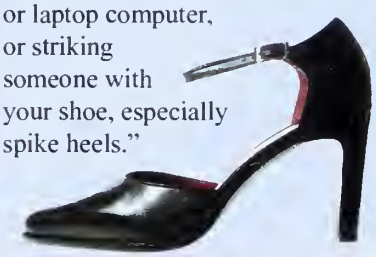
he reality in fire is that ou have a rpidly closing indow of pportunity to scape

miliar with what fire-prevention ms are in place in their building, the fire alarm sounds like and the st exit route (and an alternative f the former is blocked). Assign wardens and backups on each who will guide people, assist the led and remind others to close doors to prevent the spread of smoke. Know your building's procedure: In high-rises, especially those with sprinkler systems, the safest response may be moving to a designated area of refuge on another floor instead of going down the stairs to ground level. Some offices call for employees to notify the building manager, who will then sound the alarm; in others, workers may be asked to call the fire department directly (for more information, visit *www.nfpa.org*). "Safety is up to each one of us, so if your office doesn't have a fire drill, ask for one," says Appy. "It's not being a pain—it's being a lifesaver."

Grabbing a fire extinguisher can be appropriate in certain situations, says Appy: "First, you have to know how to use it—this is no time to be reading instructions. You have to have sized up the danger and determined that the fire is small enough for you to handle. And you must have a clear exit if things get out of control. If you have any doubts, let the professionals handle it." ■

Can you pack defensively?

No need, according to experts—you have plenty at hand to disarm a dangerous air passenger. Walter Philbrick of International Protective Services advises using "environmental" weapons: "I always order two Cokes, unopened, to throw at someone's head if needed. A plastic tray or seat cushion can be used as a shield against a knife. The beverage or food cart could be used to ram someone or keep him at a safe distance." Judge Glenda Hatchett recommends "throwing anything heavy, like a big purse or laptop computer, or striking someone with your shoe, especially spike heels."



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Nothing is more precious than your family's health. So naturally, you want to be sure that the doctors who treat your loved ones are the top in their fields. As we did last month, we want to help make the process of finding a wonderful physician easier. We asked Castle Connolly, the publisher of the consumer health-care guide *America's Top Doctors*, to develop this directory of the nation's top doctors in three health fields: family practice, pediatrics and reproductive medicine. Castle Connolly's team of physicians and researchers follows a rigorous screening process to select the nation's top doctors. Using mail and telephone surveys, electronic ballots and other research, they ask area physicians to identify highly skilled, exceptional doctors. Careful screening of doctors' educational and professional experience is essential before the final selection is made among those physicians most highly regarded by their peers. Think of this list as your personal directory to great family medical care, to save as well as to share.



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Includes: IL, KS, LA, MI, MN, MO, ND, NE, OK, TX

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Louise Murphy, M.D.
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James Zelch, M.D.
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Katherine Kreusser, M.D.
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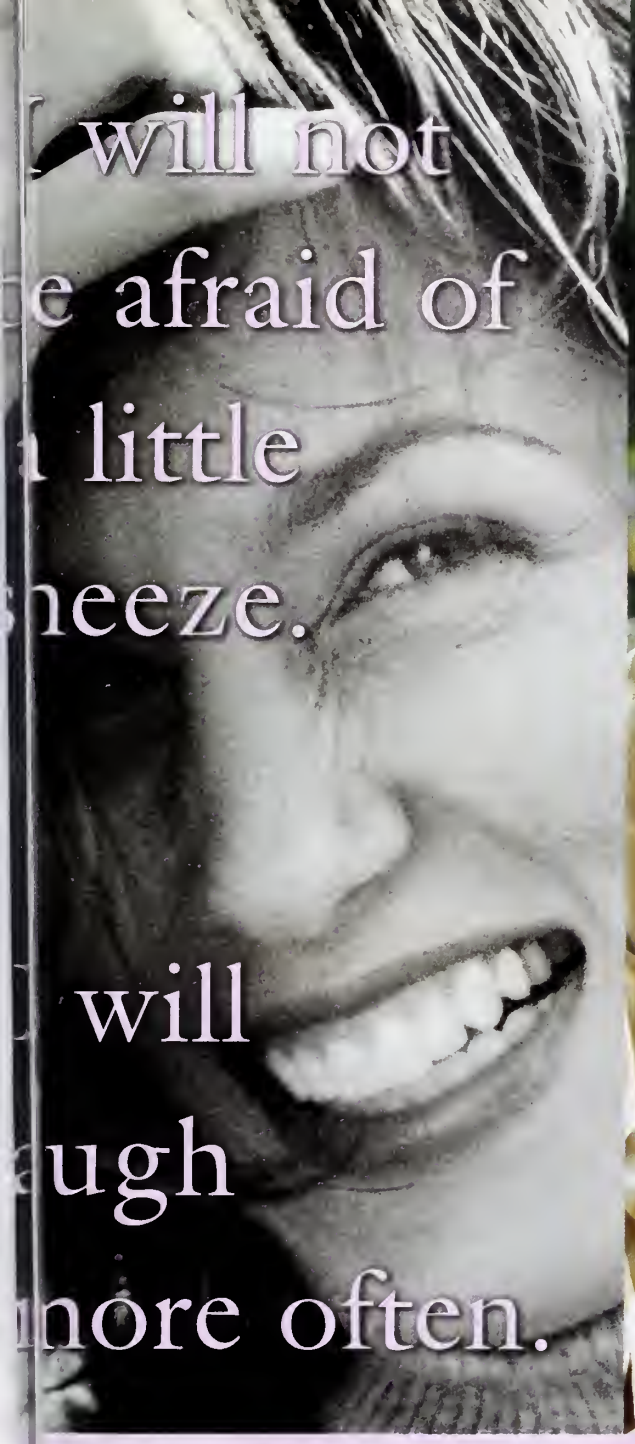
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When is it an emergency?

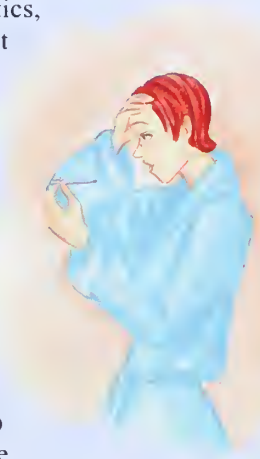
Although many parents rush their kids to the doctor at the first sign of sickness, adults generally are much less quick to schedule an appointment when their own health is in question. Here's how to tell whether your symptoms require professional attention:

The problem: A cold that won't go away

When to get help: If your upper respiratory infection lasts more than 10 days and is accompanied by a fever (101°F. or higher), see your doctor—you may have a bacterial infection and need antibiotics, advises Arlene Brown, M.D., assistant clinical professor of family medicine at the University of New Mexico School of Medicine, in Albuquerque. Additional symptoms, such as a cough with green, brown or bloody sputum, could indicate bronchitis or pneumonia.

The problem: Fever

When to get help: A fever that is higher than 101°F. and lasts longer than 48 hours—despite treatment with acetaminophen or ibuprofen—warrants a trip to your doctor, says Brown. You may have a bacterial illness. A very high fever—over 103.5°F.—could indicate something serious, such as meningitis.



The problem: Stomach pain/vomiting

When to get help: See your physician if you're vomiting but have no bowel movements for more than 24 hours—you could have an intestinal blockage. Also get checked out if you can't keep down fluids for more than 24 hours—a risk for dehydration—or if you vomit more than a teaspoon of blood, which could signal anything from a perforated ulcer to cancer.

The problem: Cuts

When to get help: See your doctor if the bleeding can't be controlled by direct pressure for 15 minutes; if the cut crosses a joint (you may need stitches, tendon or joint repair and/or antibiotics); if the blood is pumping rather than oozing (an artery may be damaged); or if the cut is so deep that you can see a joint, bone or muscle (you'll need stitches). The sooner you get medical attention the better, because some cuts that are left open for more than 12 hours can no longer be stitched closed, and you may end up with a nasty scar. —*Deborah Pike Olsen*



Common health mistakes parents make



Knowing what's best for your child isn't always easy. We asked several pediatricians about the most common mistakes they see parents making so that you might recognize your own—and avoid making more in the future.

Relying on the Internet for health advice

"Many parents turn to the Internet for health information, but unless you have a medical background and can be discerning about the source, you may be taking advice that's wrong, outdated—even potentially dangerous," says Toni Ann Clare, M.D., a pediatrician in East Rockaway, New York. "For example, I get a lot of parents who don't want to immunize their child because of something they've read on the Web, and that's alarming."

Asking for unnecessary antibiotics

"Most infectious childhood illnesses are caused by viruses and will resolve without antibiotics," says Robert Beshear, M.D., a pediatrician in Montgomery, Alabama. "But parents often pressure the physician for antibiotic treatment. Not only does this fail to help the sick child," he says, "it contributes to the development of antibiotic-resistant bacteria." Marjorie Hogan, M.D., a pediatrician in Minneapolis, says she also sees parents stockpiling antibiotics: "They'll save leftover pills and use them later to treat their kids' sore throats or what they think is an ear infection. It's dangerous."

Messing up medication

Hogan is concerned about parents who either underdose or overdose their children on over-the-counter medication. "Parents often think, If a little medicine doesn't work, a little more just might," she says. "But in pediatrics, medication is precisely calibrated to body weight to avoid dangerous side effects." When giving children liquid medication, she says, you should never use standard tableware tablespoons and teaspoons—they're usually not accurate. Instead, use a dropper, dosing spoon or medication cup, preferably the one that came with the medication.

Leaving dangerous substances within kids' reach

Parents hear time and again about the importance of childproofing, but many still forget to clear out the poisonous substances under the kitchen sink. "Many, many children are harmed by caustic household cleaners," says Beshear. "Cabinet latches, which often fail, aren't enough. You have to put dangerous substances where kids cannot get at them." And don't forget about household plants. Many, such as philodendron and dieffenbachia, are toxic. Ask your child's pediatrician for a list of common plants that are poisonous.

Letting children take questionable supplements

As many as 1 million young people between the ages of 12 and 17 have taken so-called performance-enhancing supplements, such as Creatine and Ephedra, and pediatricians are growing increasingly concerned that not enough parents are policing their children's use of these products. The risks are enormous: "Muscle-building supplements can cause dehydration, muscle cramping—even muscle destruction," says Michael Chobanian, M.D., a pediatrician in Grand Rapids, Michigan. "Ephedra, which contains ephedrine, a heart stimulant, could trigger an arrhythmia." If parents discover that their child is taking a supplement, they should take it away and let their pediatrician determine whether harm has occurred, suggests Chobanian.

—Marisa Sandora

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The price of infertility

the $3 billion to $5 billion spent per year in the U.S. infertility treatments, only about 20 to 35 percent is vered by insurance. Fortunately, benefits are improv-g. Currently, 15 states require health plans to offer me degree of coverage, although who and what is cov-ed can vary greatly, according to David Adamson, D., chief executive officer of a network of fertility ecialists called Advanced Reproduc-e Care. (For more information, g on to *resolve.org*, the Web site RESOLVE, The National Infer-ty Association.) But meanwhile, n't despair if you're not eligible benefits. There are several new ernatives for financing treatment:



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• Pharmaceutical companies Some fertility-drug manufacturers may offer discounts to patients through their physicians when a patient's financial need warrants, says Diane Clapp, R.N., director of medical information for RESOLVE. Ask your doctor if she knows of any program that might save you money.

• Your employer Before you sign up for a health plan, be sure to check out what's covered. Some employers are offering elective health plans, to which both the company and employee contribute money. Instead of choosing a general health plan, you could opt to spend your "allowance" on infertility treatments, says Adamson. This is a good option for someone who has general medical coverage under a spouse's plan. —*D.P.O.*





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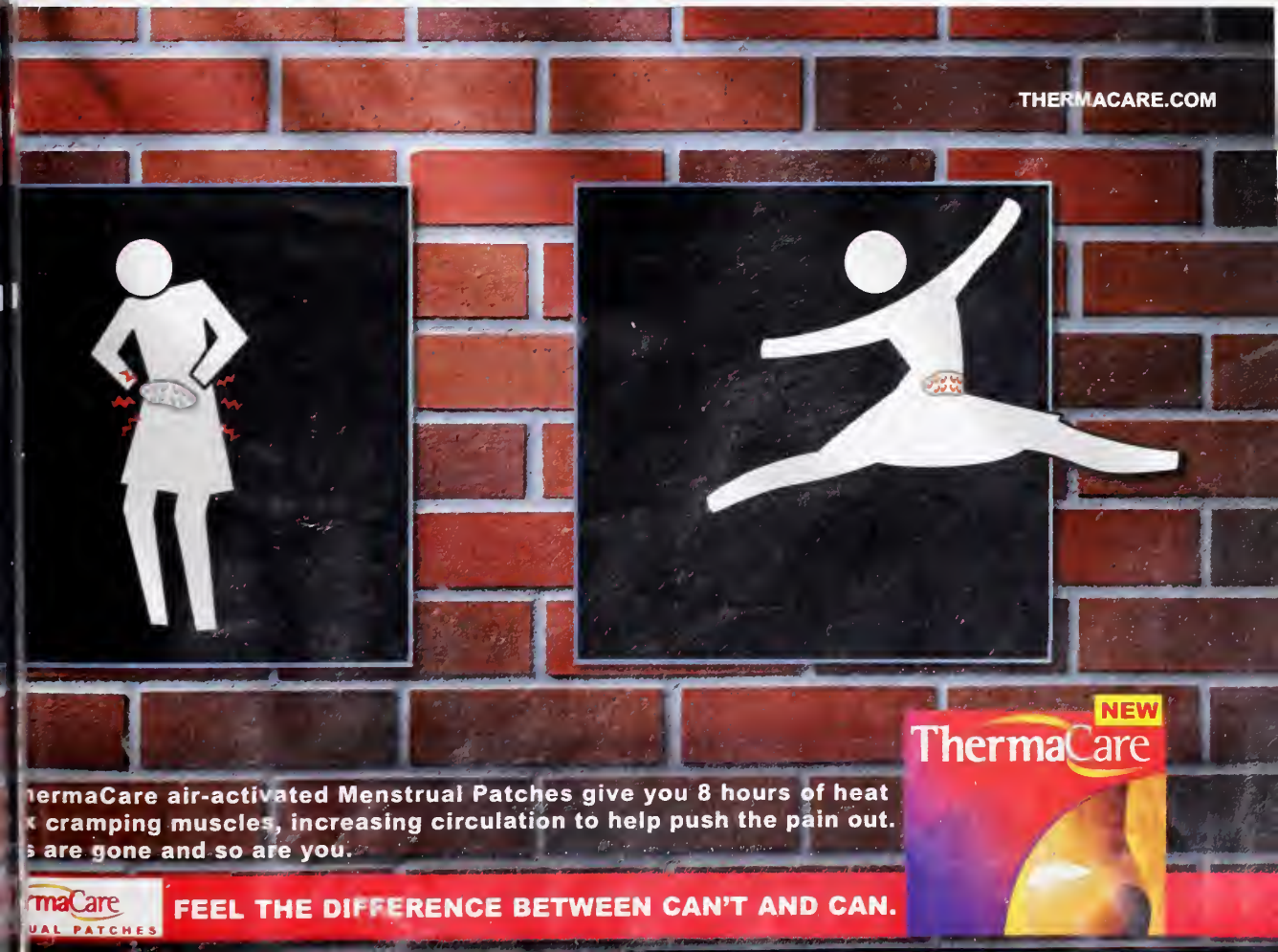
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Working vs. at-home moms: A truce at last?

In a huge shift, women who made different life choices appear to be ready to cut each other a break

By Carol Lynn Mithers



EVERY TUESDAY, MY daughter's elementary school gets out two hours early, and Melissa goes home with her best friend to spend the afternoon. The girls are watched by the friend's mother, a woman who in many ways is a lot like me: a casual dresser, a book lover, someone who came to motherhood late. In one way, however, she and I are profoundly different. Eight years ago, she walked away from a teaching career to stay home and raise her two children, and she says she may never go back. I decided to juggle parenthood and paid work as a reporter and writer, and my profession remains as important to me as ever.

According to common wisdom, that difference should have us at each other's throats. For close to two decades, the media have reported the existence of a "mommy war"—a deep and disruptive animosity between mothers who work outside the home and those who don't. But this mother and I have become friends. We talk endlessly about our kids, life, motherhood—and we're both comfortable with the utterly opposite ways we've chosen to live it.

We're not alone in this. I've seen similar friendships among the mothers in Melissa's school, and heard of them from friends. These relationships feel utterly natural, but they represent a dramatic change. If "mommy wars" characterized the 1980s and 1990s, "mommy accommodation" could well define the new decade. It may be premature to say that the conflict between working and nonworking moms is over, but signs abound that we're reaching a truce.

BATTLE OF THE MOMS

The mommy wars began in the stew of confusion, insecurity, frustration and guilt produced by social upheaval. Women's lives changed in many ways after the 1960s—rates of divorce and premarital sex went up; domestic violence came out of the closet; we became more likely to postpone marriage and having kids. But perhaps the most radical alteration was in the number of mothers who took jobs. In 1960, only 19 percent of women with children under 6 worked outside the home; by 1988, half of those with infants, and 73 percent with school-age children had joined the labor force—numbers that have remained pretty constant.

Whatever the benefits of that change, it also created a lot of tension. "Women who'd broken patterns set by their mothers and grandmothers in choosing to work were having to justify their choices," says Kathleen Gerson, Ph.D., a professor of sociology at New York University, in New York City. "At the same time, women who still wanted to be full-time parents saw the value society placed on that eroding. Women on both sides felt unsupported by the wider culture, and subject to criticism, no matter what they did. Understandably, many felt defensive about their own positions, and uncomfortable with the choices of others—which they feared might limit their own options."

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Running a community-based mental health center;

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Starting a summer program that grew into an independent school for grades Pre-K to 8.



Sharon & her husband [illegible] Ph.D.

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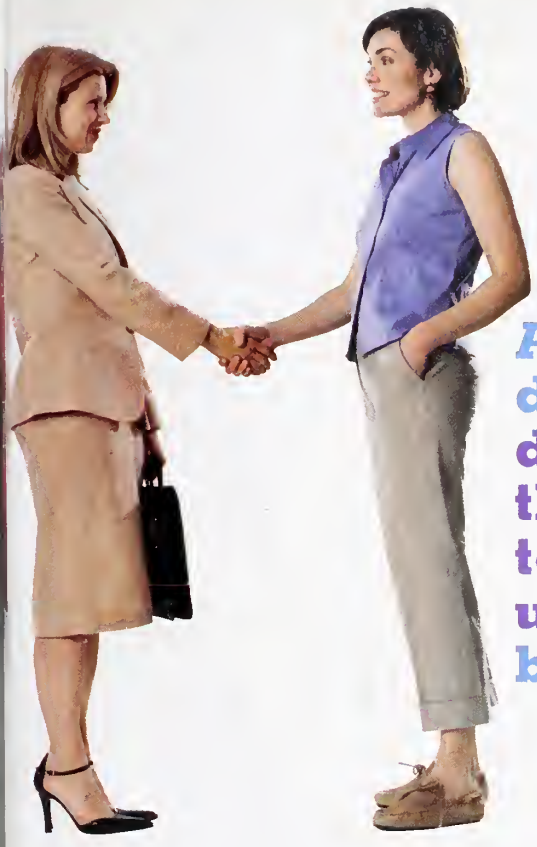




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After two decades, the distinctions that used to divide us have blurred

Talk to women, hear the reminis-ences, and read the magazine sto-ies, like *Newsweek*'s 1990 "Mommy s. Mommy," and it's apparent that ie conflict played out on all levels f daily life. Stay-at-home mothers omplained that they were the ones oing all the work of running school TAs and fund-raisers, chaperoning eld trips, leading Scout troops and roviding comfort to kids whose par-nts weren't around. Working moth-rs retorted that activities scheduled uring the day excluded them—hile they were busy helping support ieir families. Stay-at-homes said iey were accused of "abandoning ie feminist cause" or simply treated ith dismissive contempt.

Each side felt oppressed, and each lt entitled to be judgmental of the ther. In a 1989 survey done by *hild* magazine, for instance, half the ay-at-home mothers said working omen didn't spend enough time ith their children; a letter to LHJ at same year blasted "a generation parents intent on fulfilling their lf-centered wants at the cost of their children's very real needs." Just a few years later, then-would-be First Lady Hillary Rodham Clinton justified her own decision to work with a snide, "Well, I suppose I could have stayed home and baked cookies."

FED UP WITH THE FIGHT

Today, however, pleas (sometimes demands) for mom-to-mom peace are coming from all corners. "[We] moms need each other too much to give in to the temptation to compete and criticize," urges minister, author and radio host Elisa Morgan on the Christian parenting Web site Mothers in Touch. "We are all tired, anxious and simply trying to do our best."

"The image of moms at war is outdated," adds Susan DeRitis, public relations director of Mothers At Home, a nonprofit organization dedicated to the support of at-home parenting, and herself the mother of two. "What's special about being a mother in 2002 is that we have a choice in how to raise our families. And that choice is a personal one."

What's brought about this change? For starters, the idea that mothers might work, once shocking, is widely accepted. A 1967 Higher Education Research Institute survey reported that two thirds of first-year college men and almost half the women agreed with the statement, "The activities of married women are best confined to the home and family." In 1996, over two thirds of men and nearly three quarters of women disagreed. Moreover, there's every indication that moms are in the workplace to stay. "The more women are educated and delay marriage and childbearing, the more they become attached to their jobs," says Rosalind Barnett, Ph.D., director of the Community, Families and Work Program at Brandeis University, near Boston.

At the same time, two decades of combining job and parenthood, while still doing the bulk of housework, have left working women far less starry-eyed about "having it all"—or certain theirs is the best path to take. Guilt over putting their kids in day care also takes its toll. "Among the women I've interviewed, virtually all the paid working mothers wished they could have more time to spend with their children," says Sharon Hays, Ph.D., professor of sociology at the University of Virginia, in Charlottesville, who studies motherhood. (One tired friend of mine put it more bluntly: "How do moms who work feel toward moms who don't? Jealous.") In fact, according to Census Bureau figures, between 1998 and 2000, the number of mothers with infants who were in the workforce dropped for the first time since 1976, from 59 to 55 percent.

Stay-at-home mothers have gone through changes, too. Because women are marrying and having children later, most have had the experience of working at some point in their lives. And, says Heidi I. Hartmann, Ph.D., president of the Institute for Women's Policy Research, in *(continued)*

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(continued) Washington, D.C., "Even those who've chosen to stay home while their children are young know that eventually they're likely to go back."

Finally, changes in the workplace, including the growth of part-time work, telecommuting and home-based business, has blurred the very distinction that divided us. Joan Williams, a professor of law and director of the Program on Gender, Work and Family at American University Law School, in Washington, D.C., says that new data she's amassed shows that two out of three working mothers have scaled back their ambitions and are putting in less than 40 hours a week. In 1998, *Washington Post* reporter Tracy Thomson, who went on leave after having her daughter, wrote that her new mothers support group contained two technical writers, one journalist, a nutritionist, a sign-language interpreter for the deaf and a schoolteacher, the majority of them working freelance, part-time or at home. "Put simply," she noted, "the term 'stay-at-home mom' is much more a matter of self-definition than of government statistics." You could say the same for "working mom."

GIVE PEACE A CHANCE

Of course, the mommy war hasn't gone away completely. Just last week, a friend, an editor and mother of a 13-year-old, told of an upsetting encounter at a party: A former colleague who now stays home cornered her, asking repeatedly how she could "bear" to leave her son, and reminding her just how fast childhood went. "I felt miserable and guilty for days," she said. And according to a recent survey of 45,000 young working and nonworking mothers, done for *BabyTalk* and America Online, the majority said they'd been told outright by someone who'd made a different choice that theirs was wrong.

The good news, though, is that virtually all the mothers who responded to this survey also said that they personally supported friends who'd gone a different route. To solidify this new peace—and make it lasting—says Joan Williams, we need to make some social changes. "Elements of the conflict will endure as long as there are built-in contradictions in our culture," she says. "Our ideal mother is available to her children twenty-four hours a day—but our ideal worker is someone equally available to her employer. That's a profound clash, and we all feel guilty for not living up to one of those ideals. And when you have guilt and nowhere to put it, it can get displaced into anger at other women."

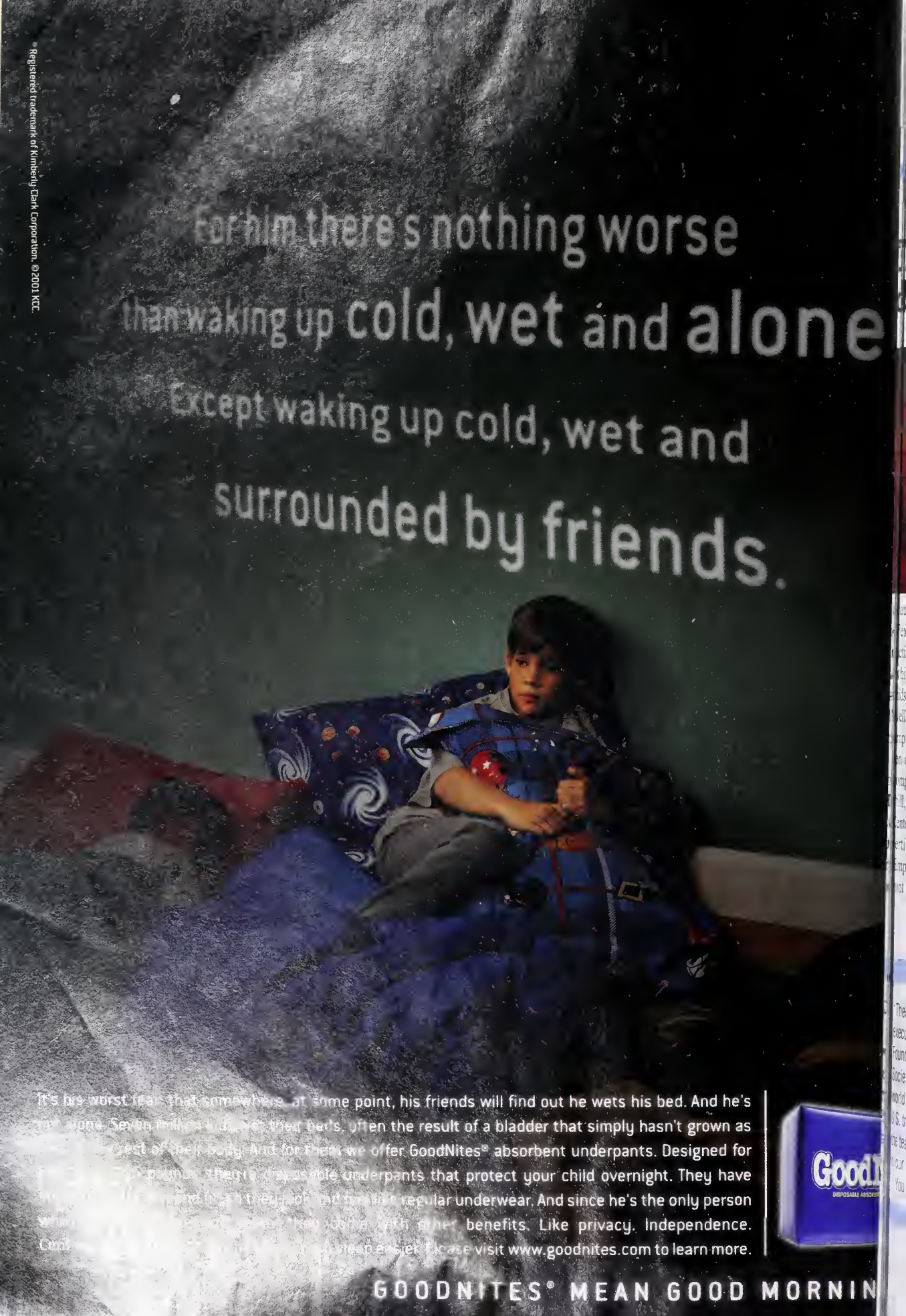
How do we reconcile our home and workplace ideals? Williams suggests that we start by "creating family-friendly policies that are really usable; for instance, part-time work without stigma or loss of advancement. That would give working mothers many more options."

Making a strong national commitment to high-quality child care would help, too, says Kathleen Gerson. "If women didn't feel so caught between work and child rearing, there'd be a lot less to disagree and judge about."

One thing has become abundantly clear: We're on the same side. A 1997 survey conducted by the Pew Research Center found that all mothers, working and not, faced similar problems and pressures—finding enough time for ourselves, not having enough money and controlling how outside influences affect our children. "We need to talk more about the things we have in common," says Angela Hattery, Ph.D., assistant professor of sociology at Wake Forest University, in Winston-Salem, North Carolina, "Being separate just restricts us from getting what we need."

"We're in this together," adds Susan DeRitis of Mothers at Home. "We fought so long for equal rights; let's not divide ourselves anymore." ■


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From the corporate sponsorship of a New Jersey elementary-school gym to free student planners plastered with logos, advertisers are having an increasing presence in schools.

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—Francesca Di Meglio

Risky Business—May 4 to 11 is National Safe Kids Week, so remind your kids to get in gear. In a recent survey conducted by Cigna HealthCare, less than half of 11- to 16-year-olds reported wearing helmets when biking.

Are toddlers tuning in too much?



How much TV should your toddler be watching? None, according to the American Academy of Pediatrics (AAP). "TV isn't going to teach language basics," says Miriam Bar-On, M.D., chair of the AAP's Committee on Public Education. "Visual cues need to come from a human being." Adds Robert Needlman, M.D., vice president of developmental and behavioral pediatrics for The Dr. Spock Company: "Playing imaginatively is more beneficial than watching even the very best shows." Still, a recent study conducted at Children's Hospital Medical Center of Cincinnati found that 40 percent of 2-year-olds watch at least three hours of TV a day.

With all the preschool programming today, the temptation to use the tube to keep kids occupied is great. But bottom line, says Needlman: "A TV show now and then is fine—just not every day."

—Dominique Andrews

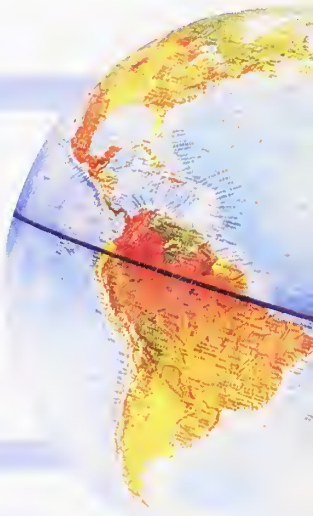
Where in the world?

"There's an old saying," says Barbara Chow, executive director of the Education Foundation for the National Geographic Society, " 'War is God's way of teaching the world geography.' " Indeed, teachers report, U.S. troops' arrival overseas spurred a return to the teaching of traditional geography this year in our nation's schools.

You can enrich elementary-schoolers' world awareness at home, too, with the help of these sites:

www.nationalgeographic.com/kids includes interactive games, such as online "Xpeditions," a geography bee and world trivia.

www.iknowthat.com offers a host of educational activities, including fun mapping projects that can be shared with far-flung relatives via e-mail, for an annual subscription price. *—F.D.*



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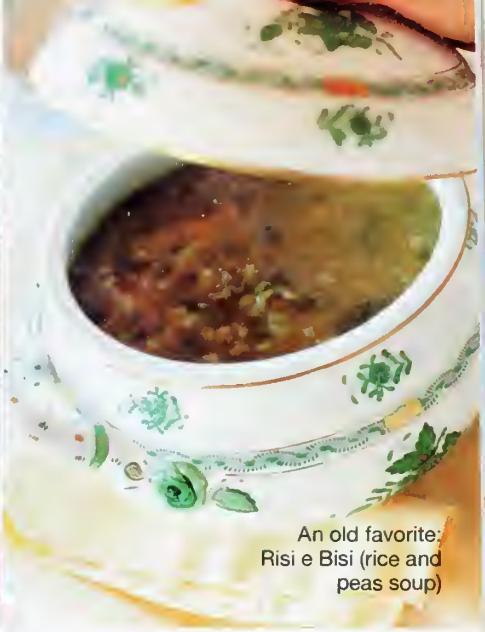
Above: Gnocchi with Sage Sauce. Below: Seared Lamb Chops with Rosemary-Mint Sauce



Right: Chef Lidia Bastianich preps ingredients for another family meal. Below: Her delicious Palacinke (sweet crepes)







An old favorite: Risi e Bisi (rice and peas soup)

The fourth generation tackles the family's traditional gnocchi recipe



EVEN THOUGH LIDIA MATTICchio Bastianich runs three award-winning restaurants in Manhattan (Felidia, Becco and Esca) as well as Lidia's Kansas City and Lidia's Pittsburgh, and cooks up a storm on her PBS series, *Lidia's Italian Table*, one of her favorite culinary pursuits is preparing and presiding over family meals.

More often than not, every Sunday, four generations of Lidia's family gather for lunch or dinner at her house in Queens, New York. On this day, Noni Mima, as Lidia's mother is known, is bouncing three-month-old great-grandson Ethan on her lap, singing a song in Italian. Lidia's daughter, Tanya, is rolling gnocchi with Lidia's granddaughter, Olivia, who, at four, is so much the pro that she is showing off her gnocchi-making skills to brother Miles, two. After all, certain rules are ironclad in Nonna Lidia's kitchen: If you're going to eat the gnocchi, you've got to help make it.

"*Mamma mia, que bella!*" Noni Mima exclaims as Olivia points proudly to the finished pile of gnocchi in front of her.

It is a scene straight from Lidia's own childhood in Istria (on the Gulf of Trieste, at the juncture of Italy and the former Yugoslavia). From selecting produce at the local market to the shelling of the peas, preparing meals was a family affair. *(continued)*

(continued) "Usually, there were three generations at the table," says Lidia, "myself and my brother, Franco, our parents and our grandparents. The principal ingredients of those meals were love and security, the certainty that we were cherished and needed right there at the table, the feeling that we would all gather there forever."

With communism taking its hold in Istria, Lidia's family moved to New York in the 1950s. Starting over in a new country, Lidia's parents more than ever took comfort in family traditions. Her mother, Erminia Motika, worked all day in a bakery and would phone 11-year-old Lidia with instructions for preparing that night's dinner. "I remember making a lot of soups in those days," says Lidia. "It was a wonderful way to learn to cook." On weekends, mother and daughter would do as much advance preparation for the upcoming week as they could, making pasta from scratch, and two strudels, one for the Sunday night meal and one to be eaten during the week.

Having known hard times, where the most had to be extracted from the least, Lidia cooks with intense flavor and aroma. "My earliest memories are of helping [my own grandmother] in her kitchen garden," says Lidia. "I learned to bring out the fullest potential of a basic ingredient through the judicious use of herbs and spices. When flavors get too layered, you lose the goodness of the core ingredients."

Today, Lidia's culinary repertoire is full of such simply flavored recipes as Shrimp Prepared in the Scampi Style, Risi e Bisi, and Seared Lamb Chops with Rosemary-Mint Sauce, which she shares with LHJ here, along with three other family-heirloom recipes. *Mangia!*

—*Jennifer Wilkinson*



Lidia's Shrimp Prepared in the Scampi Style

Shrimp Prepared in the Scampi Style

Prep time: 1 hour plus chilling
Cooking time: 6 to 9 minutes

2 tablespoons extra-virgin olive oil
3 large garlic cloves, minced
2 tablespoons finely chopped shallots
Salt
Freshly ground pepper
½ cup dry white wine, divided
2 tablespoons fresh lemon juice, divided
½ cup unsalted butter, softened
2 teaspoons minced fresh parsley
2 teaspoons minced fresh tarragon
36 shrimp (about 3½ lbs.)
6 to 8 sprigs fresh thyme
18 thin slices of French bread, toasted and brushed lightly with olive oil
6 thin slices of lemon, for garnish
Parsley, for garnish

1. Heat olive oil in a small skillet over medium heat. Add garlic and cook until pale golden, 1 minute. Stir in shallots, ⅛ teaspoon salt and ⅛ teaspoon pepper, shaking the skillet, 2 minutes. Add ¼ cup of wine, and boil until half of the wine has evaporated. Stir in 1 tablespoon lemon juice and boil until almost all of the liquid has evaporated. Transfer to a bowl; cool completely. Blend with butter, parsley and tarragon. Spoon butter onto a 12-inch piece of plastic wrap and roll it into a log; wrap well. Chill.
2. Adjust rack to the lowest position in oven. Heat oven to 475°F. Peel the shrimp, leaving the tail and last shell segment attached, then devein. Lay each shrimp flat and cu along the center of the shrimp. Pat shrimp dry. Lightly grease a jelly-roll pan with some of th flavored butter. Roll each half o the shrimp in toward and under neath the tail, forming a "6" o each side. Arrange the shrimp tails up, on the prepared pa ½ inch apart. Cut the remainin butter into cubes and dispers among the shrimp. Add remain ing wine and lemon juice. Scat ter the thyme and a pinch of sal and pepper over the shrimp Roast until shrimp are firm an barely opaque in the center, 5 t 7 minutes. Place three pieces o the bread on each of 6 hot plates Divide the shrimp among them Drain the pan juices into a small pan an boil until the sauce is lightly thickened 1 to 2 minutes. Spoon over shrimp. Gar nish with lemon and parsley. Serve im mediately. Makes 6 servings.

Per serving: 520 calories, 28 g total fat, 11.5 g saturated fat, 368 mg cholesterol, 544 mg sodium, 19 g carbohydrates, 47 g protein, 150 mg calcium, 1 g fiber

Risi e Bisi

Prep time: 25 minutes
Cooking time: 46 to 50 minutes

2 tablespoons olive oil
2 tablespoons butter
1 onion, finely diced
2 garlic cloves, minced
½ cup celery, finely diced
1 pound fresh peas, shelled and blanched, or 1 cup frozen peas
⅛ teaspoon salt
⅛ teaspoon freshly ground pepper
8 cups chicken broth
1 cup arborio rice
½ cup freshly grated Parmesan cheese

1. In a large Dutch oven over medium hea add olive oil and butter and sauté th onion, stirring frequently, 8 to 10 minutes Add garlic and cook 1 minute; then ad celery, peas, salt and pepper and cool 5 minutes more, stirring occasionally.
2. Stir in chicken broth; let simmer fo 20 minutes. Add rice and cook 12 to 1 minutes more, stirring occasionally. Tes for doneness. Stir in Parmesan chees and serve. Makes 6 servings.

Per serving: 285 calories, 13.5 g total fat, 5.5 g saturated fat, 17 mg cholesterol, 1,617 mg sodium, 31 carbohydrates, 9 g protein, 132 mg calcium, 4 g fibe

(continued)

Mmm, the proof is in the pudding.



Strawberry Vanilla Shortcut

Prep: 15 minutes

1-1/2 cup cold milk
1 pkg. (4-serving size) JELL-O® Vanilla Flavor Instant Pudding
1 tub (8 oz.) COOL WHIP® Whipped Topping, thawed
1 pkg. (12 oz.) pound cake, cut into 14 slices
1 pt. strawberries, sliced and sweetened

COMBINE milk and pudding in large bowl. Beat with wire whisk until well blended. Gently stir in 1 cup of COOL WHIP.

LAYER pound cake, strawberries, and pudding.

TOP with additional cake, strawberries, and COOL WHIP.

Makes 7 servings.



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Gnocchi with Sage Sauce

Prep time: 1 hour 10 minutes
Cooking time: 3 to 5 minutes per batch

Gnocchi:
6 large Idaho or russet potatoes
2 eggs, beaten
7 teaspoons salt, divided
Pinch freshly ground white pepper
4 cups all-purpose flour, divided

Sage sauce:
1 cup butter, cut up
12 fresh sage leaves
1 cup heavy cream

½ cup freshly grated Parmesan cheese
Pinch freshly ground pepper
8 ounces Ricotta Salata

1. *Make gnocchi:* In a large sauce pot boil potatoes until easily pierced with a fork, 40 minutes. Drain. When cool enough to handle, peel and mash potatoes, spreading them loosely to cool completely.

2. In a small bowl combine eggs, 1 teaspoon salt and white pepper. On a cool surface, gather potatoes into a mound, forming a well in the center. Pour egg mixture into the well. Work the mixture together with both hands; gradually add 3 cups of flour, scraping the dough up from the work surface when necessary. (Dust the dough with flour as long as it feels sticky, but to keep the gnocchi light, use as little flour as necessary.) Cut the dough into 6 equal parts. Roll each piece of dough into a ½-inch-thick rope, then slice it into ½-inch dumplings. Indent each dumpling with your thumb. Set aside and continue with remaining dough.

3. Bring 6 quarts of water and remaining salt to a boil. Cook gnocchi a few at a time, stirring gently and continuously with a wooden spoon, until they rise to the surface, 2 to 3 minutes. Remove gnocchi with a slotted spoon and transfer to a warm platter. Repeat with remaining pieces.

4. *Make sage sauce:* In a large skillet over low heat, stir butter and sage until butter is melted. Add cream and cooked gnocchi (in batches if necessary), turning gnocchi gently until they are lightly coated with sauce and heated through, about 1 to 2 minutes. With a slotted spoon, transfer the sauced gnocchi to a serving platter, sprinkle with Parmesan cheese, pepper and shavings of ricotta. Serve immediately. Makes 6 to 8 servings.

Per serving: 785 calories, 44 g total fat, 27 g saturated fat, 186 mg cholesterol, 1,451 mg sodium, 79 g carbohydrates, 18 g protein, 168 mg calcium, 4 g fiber



Strudel has always been a favorite in Lidia's family. "We filled it with whatever fruit was in season—apples and quince in the winter, cherries in the spring," she recalls. You'll need to form the strudel into a crescent shape so that it fits on the cookie sheet.

Seared Lamb Chops with Rosemary-Mint Sauce

Prep time: 25 minutes plus standing
Cooking time: 2 hours 40 minutes

Chops:
12 "frenched" rib lamb chops*
1 tablespoon fresh rosemary
2 teaspoons extra-virgin olive oil
1 teaspoon salt
1 teaspoon freshly ground pepper

Sauce:
1 pound meaty lamb bones
3 tablespoons extra-virgin olive oil, divided
1 tablespoon flour
½ cup chopped onions
¼ cup sliced carrots
¼ cup sliced celery
1 tablespoon chopped fresh sage
1 tablespoon chopped fresh rosemary
1 tablespoon chopped fresh mint
1½ tablespoons grated orange peel
⅛ teaspoon salt
⅛ teaspoon freshly ground pepper
3 cups chicken broth, divided
1 cup water
½ cup dry white wine
¼ cup fresh orange juice

1. *Prepare lamb chops:* Rub lamb chops with rosemary, oil, salt and pepper and let them stand at room temperature up to 2 hours.

2. *Make sauce:* Heat oven to 425°F. Place lamb bones in a roasting pan and toss with 1 tablespoon of the olive oil. Roast for 30 minutes. Sprinkle bones with flour and continue to roast until browned, 15 minutes more.

3. Meanwhile, in a large nonreactive saucepan, heat the remaining oil over medium heat. Add onions and cook until softened, 5 minutes. Add carrots, celery, sage, rosemary, mint, orange peel and salt and pepper, and cook until the vegetables begin to stick. Add ¼ cup of chicken broth and stir well. Transfer bones to saucepan. Discard all the fat from the roasting pan. Add water, wine, orange juice and remaining chicken broth and scrape the bottom of pan. Pour this liquid into the saucepan and boil over high heat. Reduce heat, and simmer, skimming the foam and fat frequently from the surface, until the liquid is reduced to 1½ cups, about 1¼ hours.

4. Discard bones and strain the sauce through a fine sieve, pressing down on the solids to squeeze as much liquid as possible. Return the sauce to the saucepan and simmer until the consistency of gravy (about ½ cup). Cover and keep warm.

5. In a large cast-iron pan over high heat, add as many chops as will *(continued)*

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(continued) fit without touching. Cook the chops, turning them once, until well browned and an instant-read thermometer inserted in the thickest portion registers 135°F. for medium-rare, 3 minutes. Repeat with the remaining chops. To serve, spoon the sauce onto plates and arrange two chops over sauce, with bones crossing. Makes 6 servings.

* ASK THE BUTCHER TO DO THIS, OR DO IT YOURSELF BY CUTTING THE MEAT AWAY FROM THE RIB BONE, SCRAPING THE BONE CLEAN WITH THE BACK SIDE OF A KNIFE. LEAVE 1½ TO 3 INCHES OF CLEAN BONE

Per serving: 565 calories, 47.5 g total fat, 17.5 g saturated fat, 123 mg cholesterol, 1,051 mg sodium, 5 g carbohydrates, 28 g protein, 46 mg calcium, 1 g fiber

Apple Strudel

Prep time: 45 minutes plus standing
Baking time: 1 hour plus cooling

Dough:
2 cups sifted all-purpose flour
3 tablespoons extra-virgin olive oil
½ teaspoon salt
½ cup lukewarm water

Olive oil

Strudel:
1 cup golden raisins
2 tablespoons dark rum
½ cup unsalted butter, divided
1 cup fine, plain, dry breadcrumbs
1½ cups sugar, divided
½ teaspoon cinnamon
2 teaspoons grated lemon peel
3 tablespoons fresh lemon juice
3 pounds Granny Smith apples, peeled, cored and cut into ½-inch-thick slices

1. *Make dough:* In a food processor combine flour, oil and salt. With the motor running, add the water and process until the mixture forms a smooth dough. If the mixture is too dry, add water, 1 tablespoon at a time, until the dough is the proper consistency. Knead the dough on a lightly floured surface, adding flour as necessary to prevent sticking, until it is very smooth and elastic, about 3 minutes. Cover with plastic wrap and let dough rest at room temperature 2 to 3 hours.
2. *Make strudel:* Heat oven to 450°F. Lightly grease a large cookie sheet with olive oil. In a small bowl, toss the raisins with the rum. Set aside.
3. In a medium skillet over medium heat, melt ¼ cup of butter. Add breadcrumbs and stir constantly until lightly browned, about 5 minutes. Remove from heat and stir in ½ cup sugar and cinnamon.
4. In a large bowl combine the raisin-rum mixture, remaining sugar, lemon peel and juice. Add apples, tossing occasionally until the sugar begins to dissolve and the apples are coated.
5. On a large lightly floured surface, roll out the dough from the center to the edges into a very thin rectangle, about 36x24 inches. (The dough will relax the more you roll it. As it gets thinner, you can stretch it gently with your hands into the shape you want. If the dough tears a little in spots, you can patch it later.) Flour the rolling surface and pin lightly as you work. Turn the dough so one of the longer sides is facing you. Place a kitchen towel under the entire far side of the dough rectangle by about 4 inches. Spread the breadcrumb mixture evenly over the dough, then dot with the remaining butter, leaving a clean 1½-inch-wide border on all sides. Arrange apples in a 4-inch-wide mound along the side closest to you, leaving the 1½-inch-wide border clean. Carefully pour syrup from mixture over apples. Fold the clean border closest to you over the apples. Begin rolling the strudel into a fairly tight and even roll, ending seam side down, on the kitchen towel. Use the towel to transfer the strudel to the prepared cookie sheet, bending the strudel into a crescent shape to fit on the sheet. Cut off any excess dough from the sides. Fold the ends firmly underneath the roll. Brush the strudel lightly with olive oil and place in the oven. Immediately lower the temperature to 375°F. and bake for 30 minutes. The top should be light golden brown. If it is a deeper color than that, reduce the temperature to 350°F. Rotate the cookie sheet so the strudel cooks evenly and continue baking until it is deep golden brown and the crust firm, about 30 minutes more.
6. Remove from oven and let cool for 30 minutes. With two metal spatulas, carefully lift the strudel to a wire rack and cool completely. Cut the strudel into 1-inch-thick slices and serve. Makes 10 servings.

Per serving: 500 calories, 17.5 g total fat, 7 g saturated fat, 25 mg cholesterol, 213 mg sodium, 86 g carbohydrates, 5 g protein, 46 mg calcium, 4 g fiber


Warm-from-the-oven Apple Str

Palacinke (Sweet Crepes with chocolate-walnut filling)

Prep time: 20 minutes
Cooking time: 1 hour 10 minutes

Crepes:
2 eggs
2 cups milk
½ cup club soda
¼ cup sugar
1 tablespoon dark rum
1 teaspoon vanilla extract
¼ teaspoon salt
2 cups all-purpose flour
3 tablespoons olive oil
1½ tablespoons grated orange peel
2 teaspoons grated lemon peel
Vegetable oil

Chocolate-walnut filling:
6 ounces milk chocolate, chopped
1 cup coarsely chopped walnuts, divided

Sweetened whipped cream
Confectioners' sugar

1. *Make crepes:* In a large bowl whisk eggs. Add milk, club soda, sugar, rum, vanilla and salt, blending until *(continued)*



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RECIPES MY MOTHER TAUGHT
Continued

sugar dissolves. Gradually sift in flour to form a batter. Add olive oil. Stir in orange and lemon peels.

2. In a 6- to 7-inch nonstick pan over medium-high heat, heat 1 tablespoon vegetable oil, pouring off the excess. Pour a scant ¼ cup of batter into pan, tilting it to distribute batter as evenly as possible. Return pan to heat, reduce heat to medium and cook crepe until lightly browned, 30 to 40 seconds. Carefully flip crepe with a spatula and cook the second side until brown spots appear, about 30 seconds more. Transfer crepe to a warmed platter. Repeat with remaining batter, re-oiling the pan only as necessary. Stack the finished crepes and keep warm under a mixing bowl.

3. *Make chocolate-walnut filling:* Melt chocolate in the top of a double boiler over hot (not boiling) water. Stir chocolate to melt evenly. Remove from heat and stir in ½ cup of walnuts.

4. Spread a generous tablespoon of the chocolate mixture over half of a crepe. Fold the other half over the chocolate, then fold crepe in half again to form a triangle. Repeat.

5. To serve, arrange four crepes on each plate. Dollop with whipped cream and sprinkle with remaining walnuts and confectioners' sugar. Serve immediately. Makes 9 servings.

Per serving: 670 calories, 40.5 g total fat, 12 g saturated fat, 101 mg cholesterol, 190 mg sodium, 65 g carbohydrates, 14 g protein, 196 mg calcium, 3 g fiber ■

Recipes by Lidia Bastianich

For other great recipes, log on to: www.lhj.com/recipes

KATHIE LEE
Continued from page 87

life is not defined by her stardom."

Those closest to her are convinc that a stronger, calmer Gifford w reclaim the spotlight. Good frie Diane Sawyer speculates that C ford, who has given away million children's causes, might take o child-advocacy role, as well as n entertainment projects. "She can cide each day where she wants turn, and that's a wonderful thin says Sawyer, who affectionately scribes Gifford as a "real-live gi (When the two once bemoaned physical "hazards" of appearing l in freezing-cold TV studios, Giff sent Sawyer "daisy petal" stick- to cover her nipples.) "She has many inner resources, as we kn and she doesn't need the camera."

Still, if there has ever been a r ment when Gifford did question her cision to walk away from *LIVE* came shortly after September's te attacks. Her longtime assistant Ta McHale, at the time eight months pr nant with her first child, lost her h band, Tom, who worked at the W Trade Center. That day, Gifford down and wrote a song, "Little Bab for her friend's unborn son. (She Frank have since started a foundat for Colin Thomas McHale—bor few weeks after his father's dea Suddenly, Gifford missed the fo that *LIVE* provided. "You asked ever regret [leaving the show]," says, wiping away tears after playin recording of "Little *(continu*

JOURNAL SHOPPING CENTER

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KATHIE LEE
Continued

Baby." "The only times I regret it are times like that, where I can't appeal to the wonderful people who used to watch our show. You know, 'Taryn's husband died. I'm sure all of you would like to help.' You don't have that platform, so you try to find other ones."

As she watched her friend struggle to cope with the loss of her young husband, Gifford was struck by how well-intentioned people can say things that unwittingly exacerbate a person's grief. It rankled because it reminded Gifford of a painful time in her own life: when she suffered two miscarriages after the birth of Cody. "The first time I had a miscarriage, I already had a beautiful baby boy. But you feel a loss, and it made me hold the child I had all the closer. Then I lost two babies, and [people said], 'Oh, you'll have another.' I didn't want to hear that. All I wanted was somebody to say, 'I'm sorry.'"

Now, as she works on her next album and product lines for QVC and Wal-Mart, weighing offers for more TV and theater projects, Gifford will let others wonder about her next big move. Over the winter, she shot a short film for Showtime entitled *Personal Assistant* (a comedy she refers to as a "quick flick"). She's also fired up about doing a series of cabaret and concert appearances.

And what if the concert halls aren't overflowing? "'I no longer long for standing room only, a seat by the fire will do,'" she says, quoting from "I'd Rather," a song she wrote to reflect her current state of mind. "I was paid to do a specific job [at *LIVE*], and I did it as well as I could, even under the most painful circumstances. But when I started writing, everything changed. I was so happy because I was doing work I was very proud of. I hadn't had that for many years."

If the sort of fame that attended her *LIVE* days never returns, Gifford insists she's come to terms with that: "I needed to fall in love again with everything—with my husband, my music, my life, my work. And to do that, I had to get away from it all long enough to heal."

WOMAN WHO CHEATED DEATH
Continued from page 89

voices crying for help, one she believed was Audrey's. "I thought, She's alive, and so am I," says Dianne.

But as she tried to push aside the rubble that had landed on top of her, Dianne realized to her horror that she was trapped. "It was raining hard, and I was freezing," she says.

Panicking, she looked for a way to escape. Suddenly she saw a patch of sky—a path to freedom.

Somehow she managed to crawl out from the rubble on top of her. Slowly, she headed toward the opening. At times, the debris shifted under her weight, threatening to collapse and bury her alive. When she made it to the top, she saw the wreckage that had once been her apartment building. "It looked like a war zone," she says.

Once on the ground, she saw a light and began walking toward a hastily erected rescue center. There, Dianne asked everyone she met if they'd seen Audrey. "No one had," she says.

Since Dianne had some medical training, she stayed at the center helping to triage victims. Hours later, she was sent to the hospital, where she was treated for cuts and bruises and released.

The next morning, the papers reported the tornado had been an F5, the most violent of storms, and had left 21 dead. Worried about Audrey, Dianne made her way back to what had once been her home. She could hardly believe the devastation. It looked as if a bomb had leveled her complex and a small shopping center behind it. At the rescue center she was told that Audrey was dead—her body had been discovered in the wreckage.

"It must have been someone else I'd heard calling for help," says Dianne, wiping away tears. For years afterward, she felt guilty for surviving while her friend perished. "I knew I hadn't lived a perfect life. Audrey was a good person. I thought, Why would God take away somebody so good?"

THE DARKEST TIME

Overwhelmed with grief, Dianne struggled with Audrey's death. She ignored her doctors' warnings a the dangers drinking could pos someone with diabetes. "You c say it was a wild period in my life ing out with friends and doing the ty thing," says Dianne. "I didn't a lot, but as a diabetic I wasn't posed to at all."

But while she couldn't see th fects of her behavior in the mi the diabetes was taking a toll on In 1993, two years after the torn Dianne fell and tore her cornea. ophthalmologist, however, see concerned about much more tha injury. "You need to see a specia he said, scribbling down a na "Right away."

A few days later, Dianne was nosed with a condition called pro ative retinopathy. Her diabetes damaged the blood vessels to her nas. Left untreated, the condi would cause permanent blindnes thought, Oh, great, what else can pen to me?" says Dianne.

The specialist treated Dianne's disease with a series of laser surge He warned that she could bec temporarily blind from the proce but he assured her that her sight w eventually return.

The blindness began as a thin w film. "One day, I couldn't see at says Dianne.

She was despondent. Her fa rallied around her, yet Dianne, a at this newest twist of fate, rebu them. "She would not allow herse be dependent," says her sister, J "She wouldn't let us help her."

Her sisters finally called their m er, who rushed to Huntsville. She Dianne, "You're going home with That's an order."

The three years that followed among the worst of Dianne's life. able to work, she lost her health in ance and went on disability paym and Medicaid. She longed for all s lost. "I couldn't see the color of a set, or watch my nieces and neph grow," she says. "I missed so muc

Angry and depressed, Dianne more and more certain that she w never see again. She also *(contin*

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felt jinxed. "I was just waiting for what would happen next," she says.

Then in late 1995, she was sitting with her sister, Patricia. "Dianne stared at me and said, 'You've put on weight,'" recalls Patricia. "I said, 'You can see me?'"

"I could see," says Dianne. "I couldn't believe it was real. It was such a thrill to be able to see the trees, my cat, the world. It was the most precious gift."

LIFESAVING SURGERY

Although her eyesight had returned, Dianne was still very ill. By early 1996, the diabetes had damaged her kidneys, and she'd lost 60 percent of their function. She tired so easily that even going to the grocery store became a chore. Yet, in other ways, she was a new person. "I couldn't feel sorry for myself anymore," she says. "I just focused on staying alive."

More at peace with herself than she had been in a long time, she began going to church. "That's where I met Keybo," she says. "He became my rock."

Keith Knight, nicknamed Keybo, had gone to the same high school as Dianne. When they met up again in May 1996, "I knew he was the one," says Dianne, recounting her immediate attraction. "But I felt bad, because he deserved someone healthy."

Dianne told Knight about her diabetes and all she'd been through. "There are healthy people who aren't happy. We're happy," he said. "That's all you can ask for."

The couple became engaged and made plans for their wedding. But by July 1999, Dianne's health had taken a turn for the worse. Her kidney function had deteriorated to less than 13 percent, swelling her body with toxins. The doctors told her that she had end-stage kidney disease.

Her only hope was a kidney transplant. But even that was only a stopgap measure. While a new kidney could temporarily restore health, the diabetes would cause one day fail, too. What she re needed was a double transplan kidney and a pancreas, to mak sulin and cure her diabetes.

Such double transplants are tively rare. In 2000, for instance, 910 such procedures were perfor in the U.S., compared to 13,332 ney transplants. Dianne's doctor mitted that the organs were in s supply and the number of pati ahead of her on the transplant was long. "I didn't know if I w live long enough to get the op tion," she says.

By the summer of 2001, Dianne becoming weaker each day. In Au she noticed hard lumps in her legs. doctors had yet more bad news: Di had fatty necrosis, a condition in w the toxins in her body were destro her tissue. Without a new kidney, had only about 90 days to live.

er loved ones were frantic, but nne was calm. "She gave us ngth," says Lisa, sadly. "She told hat it was okay if she died. She'd oing to a better place."

nally, in late September, Dianne's ition had deteriorated so dramatiy that her doctors agreed to do the ey transplant as a stopgap mea-

The surgery was scheduled for ber 9, and her sister, Lisa, would e donor.

anne was at peace with the deci- "I'd given up on the possibility double transplant and a cure for liabetes," she says. "The kidney d keep me alive."

n Friday, October 5, however, fate ceded once again. A kidney and reas had become available, and were a perfect match for Dianne.

night broke speed limits as he ed Dianne to the University of ama–Birmingham Hospital for the ry. "I was so excited," she recalls. I kept thinking about that other y, the one who was grieving. For o live, someone else had died."

ne following morning, doctors performed the double transplant. Within 12 hours, both organs were functioning. "Her skin was pink again, not gray like it had been," says Knight. "Even with all those tubes in her, hooked up to all those machines, she looked beautiful."

A NEW LIFE

"I'm not a diabetic anymore," says Dianne. "The transplant has given me a new life."

Although she takes 24 pills a day to keep her body from rejecting the new organs, she says she feels better than she ever has. She's even making plans for the future. In October, the anniversary of her transplant, she and Knight plan to marry. Dianne has also decided to continue her education. "There's nothing holding me back now," she says. "I can do anything I want."

Statistically, Dianne's odds are good. According to the National Kidney Foundation, 95 percent of kidney-pancreas transplant patients are alive and doing well one year after surgery, and 90 percent after three years. Dianne insists she plans on being one of the lucky ones.

"I figure I've lived through so much that I'm here for a purpose," she says. "I feel like God kept me alive to encourage organ donations, so that's what I intend to do. If people understood it can truly save lives, they'd do it."

Dianne thinks often of her donor—a 15-year-old boy who died in a motor-vehicle accident. Last December, she wrote a letter to his family, and in February, they called her. "It was the best Valentine's Day present I ever got," she says. "I thanked them for saving my life." She and the donor's family plan to meet this spring.

When Dianne looks back, she insists she doesn't feel overwhelmed by all she's endured, nor does she worry that more bad luck awaits her. "Whatever may happen, I'll deal with it like I always have," she says. "I've been at death's door so many times. I've learned we need to live our lives to the fullest every day. And I've learned to never, ever give up." ■

Kathryn Casey is a contributing editor of Ladies' Home Journal.

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LHJ SMART SOURCE

It's worth *how* much?!

We've all purchased a trinket or two for a few dollars at a yard sale. But what if your bargain buy turned out to be a treasure? LHJ teamed up with *Antiques Roadshow*, the popular PBS TV show, to uncover yard-sale finds that are worth a fortune



1 Painted vase
Donna Sproles, of Austin, Texas, bought this vase for 50 cents. She was stunned to learn that it was Mayan (A.D. 400 to 800) and worth $8,000 to $10,000.



2 Compact
Bought for: a few dollars
Turned out to be: made by Cartier
Worth: $3,000–$4,000



3 Garden gnome
Bought for: $1
Turned out to be: a Weller pottery ornament (c.1872)
Worth: $7,000–$10,000



4 Glass vase
Bought for: $5
Turned out to be: a rare German art piece
Worth: $1,500–$2,000



5 Bronze cat
Bought for: $5
Turned out to be: Austrian folk art (c.1910)
Worth: about $2,000



6
Bought for: $25
Turned out to be: part of
Worth:



7
Bought for: $2
Turned out to be: rare American folk art (c.1850)
Worth: $6,000–$10,000



8 Jukebox
Bought for: $20
Turned out to be: a 1940s Wurlitzer jukebox
Worth: $10,000–$11,000



9 Bark helmet
Bought for: a few dollars
Turned out to be: an Alaskan Eskimo helmet
Worth: $60,000–$75,000

—Meredith Franco

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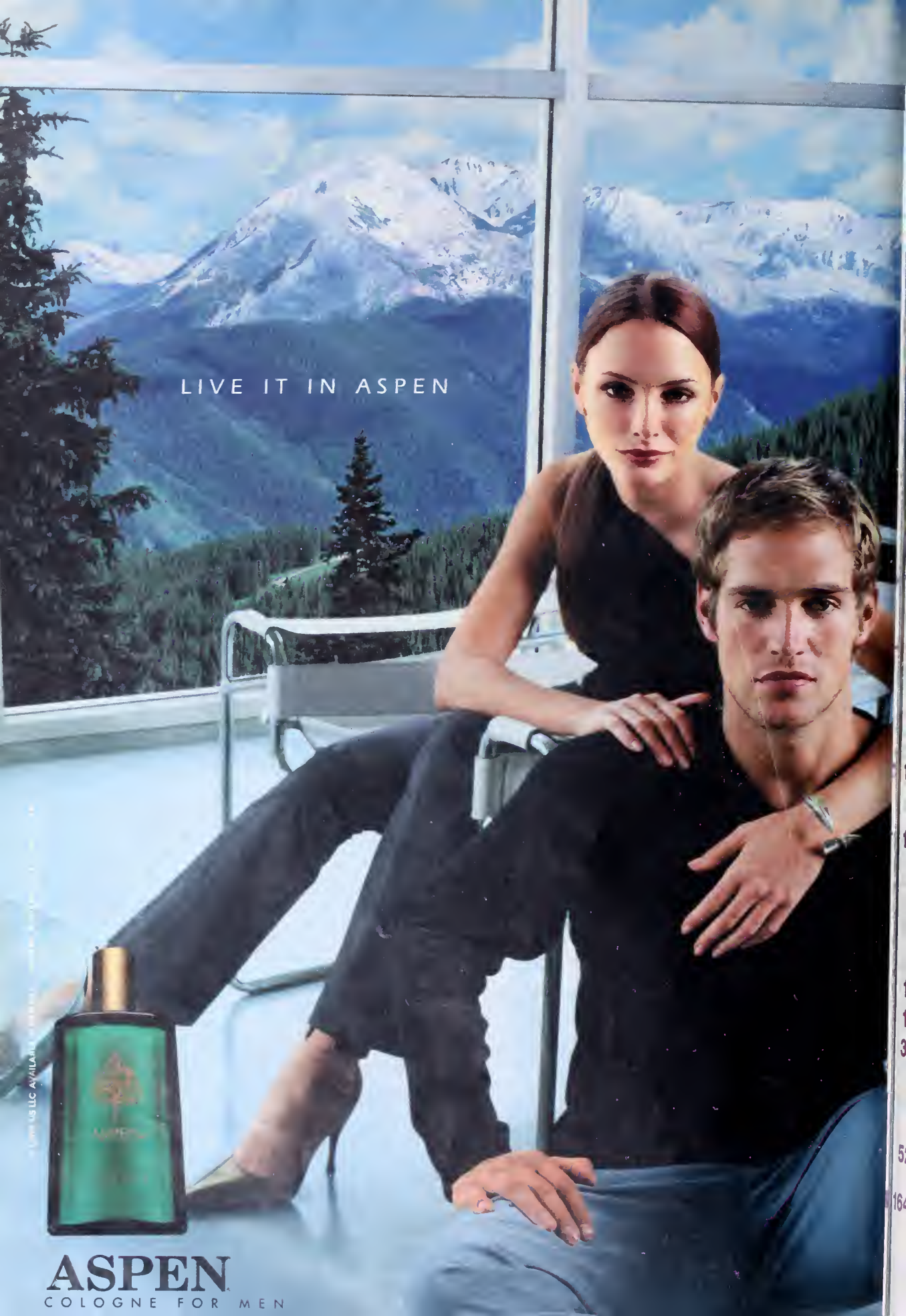
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Growing pains

by Myrna Blyth

ONCE IN A WHILE I dream that one of my sons is still a little boy. And in those dreams something bad is happening. Maybe I am in a store and, suddenly, I can't find one of them. Or the younger one is supposed to be home from school at a certain time and he is late, very late. I am standing by the elevator door, waiting and worrying. That's when I wake up full of dread. It takes me a few minutes to realize that the little boys I am worrying about are now men, responsible, grown-up men who are probably at that moment fast asleep in their own beds. The little boys I played with and hugged and occasionally had panic attacks about are long gone. They exist only in the framed photographs that are on display around my home and, of course, in my dreams.

It's the most poignant experience of being a mother: seeing how they grow

I am sure many of you have had a similar experience. Perhaps when you've looked at your ten-year-old and the baby she once was suddenly flashed before your eyes. Or, in the middle of an argument with a sulky teen, who has absolutely no time for you these days, you remembered when the same little girl only wanted to be with her mom.

It is the most poignant experience about being a mother: seeing how the grow. But it is also the most necessar and the best. We want them to chang and mature and to move away fro us. Sometimes we even say we can wait for it to happen! But when does, we just can't help slipping bac into the past and remembering the when they were younger and needier.

This month we're letting you se how a very special family, th McCaugheys, a changing. *Ladie Home Journal* h shared the sto of the septuplet their big sist Mikayla, and their extraordinary pa ents, Bobbi and Kenny, for more th four years. I remember I met Bob right after the septuplets' birth and v ited her again when the babies fi came home from the hospital. I knew anyone could handle the challenges such a special family it would be t strong, calm young woman.

Like all children as they grow, t McCaugheys are full of joys and ch lenges. They are naughty, lovi playful, each with his or her own p sonality. I know you'll enjoy spendi time with them. And my advice Bobbi: keep all pictures. You w treasure them someday.

E-mail me your thoughts and co ments: myrna@mdp.com


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contributors



CATHY CRAWFORD

Shooting "Summer Safety Alert" (page 66), about smart strategies to protect your family in an emergency, was a welcome challenge for photographer Crawford. "I try to make everything, even an object as basic as a first-aid kit, look interesting," says Crawford, whose work has also appeared in *Lucky*.

MARGARET RIEGEL

Creating the collage for "25 Health Differences Between Men and Women . . . " (page 116) was a perfect fit for this photo illustrator, who used an image of Adam and Eve to depict the health divide. "The picture is beautiful," she says, "which makes my job easier."





MARIANNE J. LEGATO, M.D.

"25 Health Differences Between Men and Women . . ." (page 116) is an excerpt from this LHJ medical adviser's book, *Eve's Rib* (Harmony Books). In it, she explains how gender influences the way women experience disease. "Women are not small men," says Legato, a proponent of gender-specific medicine.

RICHARD KAY

Kay wrote "The Princess (and Prince) Diaries" (page 74), about the troubled coming-of-age of a new generation of royals, among them Princess Diana's sons. "Some of the recent royal episodes could be plots from a TV soap," says Kay, who covers the royals for the *London Daily Mail*.





RONA BERG

Writing "How I Lost Weight—and Kept It Off for Good" (page 100), about women who changed their habits to trim down, inspired Berg. "I started walking more and lost five pounds," says Berg, author of *Beauty: The New Basics* (Workman Publishing, 2001).

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letters



It's true—everybody does love Ray

Hurray for Ray!

I loved "The Raymond Report" (March) because I love *Everybody Loves Raymond*. It is the absolute best. My friends know that if they want to call me when the show is on, it has to be during the commercials.

We all agree that Ray Romano is a genius, and so are all his co-stars. Their timing is impeccable and their love for each other shows.
Jean Fink, Los Angeles

Real men

As I read "I Don't Want My Wife to Die" (March), I felt as though I were reading about my own husband. At 29, I was diagnosed with breast cancer; 19 days later, I found out I was pregnant. I endured two surgeries, four rounds of chemo and an infection while carrying the baby. I am grateful to say that we have a very healthy and happy little boy, and that I celebrate my second year as a cancer survivor this month. To Brendan Halpin and my husband, Matt—who, like Brendan, shaved his head when I lost my hair—you guys are a rare breed.
Wendy Harman, Decatur, Illinois

My thoughts and prayers go to Brendan Halpin and his family. Brendan writes about his fears honestly and shamelessly, with no hint of martyrdom. He embraces the uncertain future with hope. Brendan, you are a real man.
Charlene Golgart, Indianapolis

Who's watching the kids?

After reading "Teens Too Soon" (March), I found myself asking, "Who's in charge?" Girls are dressing sexy, watching inappropriate movies and TV shows, listening to raunchy music, dating in groups, calling boys on the phone, binge drinking, using drugs and having sex all before they reach age 13? Where are—or, more to the point, where *were*—their parents?
Ann Martin, Braselton, Georgia

Staying balanced

Reading "Family: In & Out of Focus" (March Editor's Journal) was like looking in a mirror. I work part-time, 12-hour night shifts as a nurse while raising two children with my husband, managing the household and caring for my mother, who just had open-heart surgery. Needless to say, I am balancing a lot of plates. But I try to remember that life without all those plates would be pretty meaningless.
Monica Stevko, Walnutport, Pennsylvania

My hero: Mom

This is the second in our series of essay winners.

My mom, Janice, is a hero to all who have watched her put motherhood to the ultimate test. In 1997, my older sister, Julie, was diagnosed with a malignant brain tumor. My mom was there to support her during the diagnosis, surgery and radiation treatments. A year later, Julie's husband left their marriage, and Mom was by her side once again.

In 1999, one week after my mom retired, Julie's tumor recurred. Mom was there to schedule doctors' appointments, take Julie to her MRIs and take on the insurance company when they resisted paying for treatments. When Julie could no longer drive, Mom moved in with her; when chemotherapy made her ill, Mom took care of her two children. When it became clear that the end was near, it was Mom who bathed my sister and comforted her when she was in pain. She was by Julie's side when she died on March 20, 2001, at the age of 36. And she was there to console the rest of us in our grief.



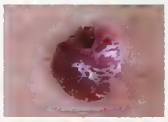
Laurie (right) with her mom and Julie

Since then, Mom has handled all the details of Julie's estate and continues to play an active part in the children's lives.

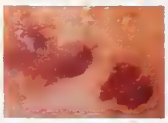
My mom has taught me so much in the last few years about love, family, support and strength. My uncle sent me a note after Julie died, saying, "You are blessed to be so brave. It is obvious that you get that from your mother."
Laurie Barr, 32, Beaverton, Oregon

Clarification

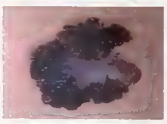
Due to a production error, photos of different types of skin cancer were misidentified in "Skin-Cancer Breakthroughs" (May). Here, the information the way it should have appeared:



Basal-cell carcinoma The most common of all skin cancers; highly treatable



Squamous-cell carcinoma Often found on the rim of ear or lower lip



Melanoma The most serious form of skin cancer; can be deadly

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THIS MONTH

An ideal dad?

As Father's Day approaches, about 27 percent of boys who responded to a recent survey by the PBS show *ZOOM* said their dad was most like TV's bungling Homer Simpson. Twenty-five percent of girls who replied said their dads remind them of the ever-patient Mike Brady, of TV's beloved *The Brady Bunch.*

50 states, 50 cars

Matchbox, the toy-car maker, is celebrating its 50th anniversary with a Matchbox Across America series. There will be 50 cars (one for every state) in this specially crafted collection (800-524-8697 or visit *www.matchbox.com*).

—Francesca Di Meglio



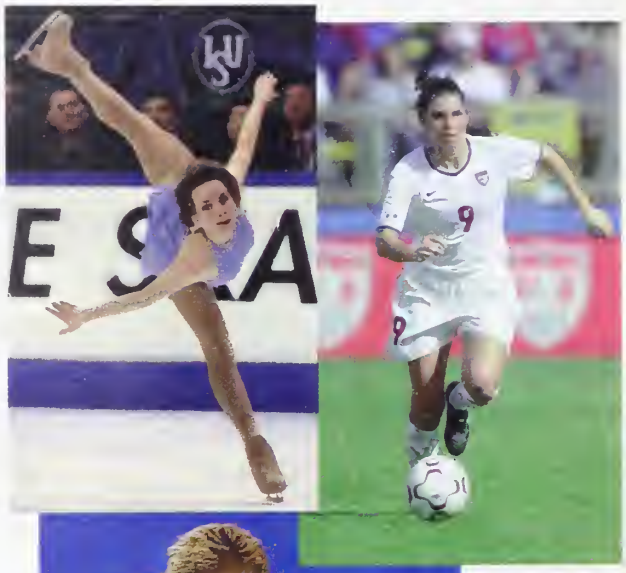
Score one for women

Girls are signing up for sports in record numbers, thanks to Title IX, the federal law that mandated equal school athletic programs for girls and boys, which turns 30 this month (June 23). Since the law went into effect, girls' participation in high-school sports has risen from about 294,000 in 1971, to nearly 2.8 million today. Varsity sports now include hockey, soccer, volleyball and basketball teams for both sexes; girls are even joining high-school football and baseball teams.

"You can look at the WNBA or our gold medal–winning soccer team—these women never would have been in pro sports or the Olympic games had it not been for Title IX," says Donna Lopiano, executive director of the Women's Sports Foundation, a nonprofit organization founded by tennis pro Billie Jean King in 1974. "It takes fifteen to twenty years to create an athlete of that caliber. If they didn't have the coaching, if they didn't have scholarships, they wouldn't be where they are today."

Still, Lopiano and others say there are lingering disparities: Men still get $146 million more than women in college athletic scholarships, and 84 percent of athletic directors are men. The Women's Sports Foundation has addressed these issues by, among other things, encouraging more diversity in employment and, as Lopiano has said, "planting the seeds of coaching as a career possibility in our female athletes." Greater overall participation in athletics benefits girls in numerous ways: Studies show that sports can help them get better grades, gain confidence and even avoid drugs and alcohol. They might not be the next Jackie Joyner-Kersee, but the ability to be in the running has already made today's young female athletes champions.

—Marisa Sandora





Sarah Hughes (top left) wowed us in Salt Lake City. **Mia Hamm** (above) is the face of women's soccer. **Serena Williams** (left) and her sister, Venus, dominate women's tennis

THIS MONTH WITH . . .

Greta Van Susteren



Last winter, the no-nonsense Greta Van Susteren, 48, made big news on two fronts: She jilted CNN for the Fox News Channel, and she had cosmetic surgery. The latter quickly eclipsed the discontent with CNN cutbacks that led the lawyer-turned-newswoman to bolt after 10 years. She's since spent a lot of time answering questions about her new face, dramatically changed but all, she insists, the result of an eye job ("People my age don't have the full face done"). Now the host of *On the Record with Greta Van Susteren* is ready to talk about appearance again: this time, the changing look of TV news.

Whether she thinks personality is co-opting news values: "I actually don't. I'm from the Midwest [Wisconsin], and [people there] don't care about who's on TV and who isn't. There's a lot of chatter within our business about Ted Koppel and David Letterman—or my plastic surgery. But I don't think the rest of America truly cares. I think they see through our obsession with ourselves."

Her take on Katie Couric's $65 million contract: "You have to balance it against everything Katie has done. Remember she has been a big promoter of colonoscopies, and I can't tell you how many *lives* have been saved because of what she's done."

A legal analyst hosting a wide-ranging news show: "I haven't been a potted plant just reading about the law for the last thirty-seven years! I'm a citizen, and I follow everything like everyone else. . . . I'm there to showcase the issues and my guests, not to talk about myself."

Her career path: "I never thought I'd be on TV. I went to law school, and the only lawyer on TV when I was growing up was Perry Mason. . . . I've got another career I love: I taught at Georgetown Law School, I practice law. I came into the [TV] business ten-plus years ago [as a legal analyst], planning to stay a week or two. This is not an end-all, it's a job."

Importance of *how* you ask: "People often say Larry King doesn't ask tough questions, but I think that's dead wrong. If you listen to him, he very nicely asks questions—and then people hang themselves."

—*Jim Brosseau*

THE NEW NEW THING

The scoop

More ice cream is consumed in summer than at any other time of year, says the USDA. Small wonder lots of new flavors have just been introduced.

Dreyer's/Edy's Rookie 2002 Ultimate Caramel Cup A caramel lover's dream

Häagen-Dazs Belgian Chocolate Hurry—available only through August

Breyers Special Edition Peanut Butter and Fudge Swirls of fudge and peanut butter in vanilla ice cream

Ben & Jerry's One Sweet Whirled Coffee-fudge chips mixed with caramel and marshmallow

Godiva Chocolate Cheesecake Need we say more? —*Dominique Andrews*



Spa stories



Calls from men booking spa vacations jumped 900 percent in the last four years, according to Spa Finder, a publisher and travel company. We asked three women to introduce their man to spa pampering. The results:

"I'd prefer a massage that gave my muscles a better workout."—*Enzo Sanzone, 38, cook, West Chester, PA*

"All the pampering and the extras—like candles, scented showers—were completely unexpected. Once I got past the nervousness, it was great. I'd go again."—*Brad DeJong, 31, certified public accountant, West Fargo, ND*

"My favorite part was the eucalyptic steam bath before and after the massage. Going to a spa is a wonderful activity for couples to share."—*Paul Mooney, 45, sales vice president for an industrial-distribution firm, Whittier, CA*

—*Meredith Perez*

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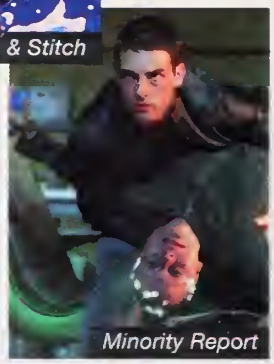
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Lilo & Stitch


Star Wars Episode II


Minority Report

THE SUMMER'S HOTTEST MOVIES

Star Wars Episode II: The Attack of the Clones **(now playing)** The wait is over! Watch for romance in this highly anticipated sci-fi flick set 10 years after the first installment.

Divine Secrets of the Ya-Ya Sisterhood **(June 7)** Based on the best-seller about a troubled mother-daughter relationship and a group of old friends (Ya-Ya's). With Ashley Judd and Sandra Bullock.

Lilo & Stitch **(June 21)** Disney's animated comedy centers on a lonely Hawaiian girl (Lilo) who adopts a "dog" (Stitch)—who's an alien.

Minority Report **(June 28)** Steven Spielberg directs Tom Cruise in this thriller set in 2054, when police use psychic technology to arrest murderers *before* they commit crimes.

Men in Black 2 **(July 3)** Will Smith and Tommy Lee Jones return as agents who must thwart a sinister seductress (Lara Flynn Boyle).

The Powerpuff Girls **(July 3)** Blossom, Bubbles and Buttercup hit the big screen! A family-friendly movie based on the popular Cartoon Network animated show.

The Road to Perdition **(July 12)** A departure for Tom Hanks, who plays a hit man for an Irish gang seeking vengeance for two murders.

Stuart Little 2 **(July 19)** The return of the talking mouse with voiceovers by Michael J. Fox, Melanie Griffith and Nathan Lane.

Austin Powers 3 **(July 26)** The international man of mystery is back, baby! This time he travels to 1975 to seek the help of old flame Foxxy Cleopatra (played by Destiny's Child's Beyoncé Knowles) in protecting his father from Dr. Evil.

Signs **(August 2)** Mel Gibson plays a Pennsylvania farmer who grapples with the meaning of mysterious crop circles he finds in his fields.

Spy Kids 2: The Island of Lost Dreams **(August 7)** Antonio Banderas returns in the sequel to 2001's surprise hit. This time Carmen and Juni are challenged by another pair of sneaky spy siblings.

Simone **(August 16)** Al Pacino stars as a movie producer who secretly replaces his lead actress with a computer-generated starlet. —*M.S.*

The girl most likely to . . .

University of California–Berkeley researchers analyzed yearbook photos and identified by smiles those most likely to live satisfying lives. Psychologist Dacher Keltner, Ph.D., co-coordinator of the study, tested the theory for LHJ with class photos of some famous grads:



Katie Couric
Smiling wide, but her eyes aren't involved: "She enjoys her day-to-day life but isn't entirely satisfied."



Oprah Winfrey
"She [always] looks on the positive side of life and has rewarding relationships."



Julia Roberts
Her grin is gigantic, but there is no crinkling in the muscles around her eyes. "Is she really happy?"



Meg Ryan
Blank expression, says Keltner, foretells tumultuous relationships and difficulty with life's ups and downs.

—*Dianne Hales and Meredith Franco*

THE GIVING SPIRIT


Boston's Maranda Murphy (left) and Tracy Moroni

Girls who need help acquiring a prom dress now have several places to turn: **Washington, D.C.** Two neighborhood associations and a community center joined forces in 1995 to collect and donate dresses to inner-city girls. Organizers have inspired similar programs elsewhere (202-483-4547). **Boston** The Fairy Godmother Project also pairs each girl with a Mary Kay consultant (*fairygodmotherproject@yahoo.com*). **Philadelphia** Fairy Godmothers here charge participants token fees for gowns, shoes, etc. (*www.fairygodmothersinc.org*). **Chicago**'s Glass Slipper Project's Web site assists those seeking local gown giveaway programs (*www.glassslipperproject.org*). —*F.D.*

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ON TREND

precious metals



Shine on this summer with light-reflecting color for nails and lips. New, high-intensity metallic shades contain multifaceted pigments that make them gleam and glisten without looking harsh or heavy. For knockout nails, apply two coats of (1) **Orly Nail Lacquer in Pink Mystery** ($3.95), or try (2) **OPI Nail Lacquer in Vio-Let's Surf!** or (3) **Berry Tubular** ($6). The iridescent color shifts slightly with every move of your hand. For luminous lips, slick on (4) **Revlon Super Lustrous Lipstick in Copper Chrome** ($8.75) or (5) **Maybelline Wet Shine Diamonds in Plum Solitaire**, (6) **Brilliant Bronze** or (7) **Pink Diamonds** ($6.75).

Pro trick

Stand by your hands

Dry hands with brown spots can give away your age. To subtract a few years, treat your hands to a once-a-week "facial," says Leslie Blodgett, makeup artist and president and CEO of Bare Escentuals. How to:

1. Replace your traditional hand soap with a gentle body scrub to wash away dead skin cells. Try Bare Escentuals Liquid Loofah ($12; to order, call 800-227-3990).

2. Detoxify and remove impurities with a five-minute clay mask, such as Freeman Pure Ambition Purifying Facial Clay Masque ($2.99).

3. Finish with an anti-aging hand cream. Olay Total Effects Hand Visible Anti-Aging Moisturizing Treatment ($10) has vitamins to lighten brown spots and improve skin texture plus SPF 15 sunscreen.

Fashion flash

Enameled jewelry

Pick up summer's hottest accessory—rainbow-colored enamel jewelry. A stack of shiny bangles or rings brightens up all your wardrobe basics. Rings, Heather B. Moore, about $125 each; bracelets, a.v. max, $22 to $44





Celeb pick

Courteney Cox Arquette gets smooth and silky hair-free legs with ê Shave Citrus Cream ($19 for 4 ounces; to order, 800-947-4283). This luxurious shaving cream helps prevent nicks and pampers skin with glycerin, coconut oil and lime extract.

Bargain beauty



Perfect for travel, **Charles Worthington Takeaways** ($1.99; available at Walgreen's) offer on-the-go hair care in portable packages. Available in shampoo, conditioner and styling products.



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"Help me, Carol"



Ladies' Home Journal's Beauty & Fitness Director, Carol Straley, offers insider solutions for your beauty concerns. Got a question? Send an e-mail to *helpmecarol@mdp.com*

Is it safe to use a pumice stone on your feet? Can you erase those lines around your mouth? Find out here



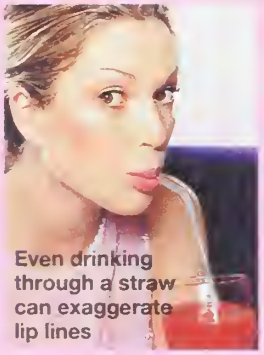
HEALTHY FOOT SMOOTHER

Q My feet need a good scrubbing, but I've heard that pumice stones are not all that sanitary.

A I recently met with celeb nail-care pro Maria Salandra, and she explained that pumice stones, such as **Dr. Scholl's Pedicure Essentials Beauty Stone** ($3.50), make great exfoliators. But it's true that if the stone is left in a warm, moist place such as a steamy bathroom, it can harbor bacteria that feed on any skin cells trapped in it. This bacteria could enter a cut and cause a skin infection. Salandra's solution: Rinse and air-dry your pumice stone. And, once a month, soak the stone for 10 minutes in a germ-killing solution of ½ cup warm water and ½ cup liquid bleach; rinse well.

BYE-BYE, LIP LINES

Q I quit smoking, except for a cigarette now and then, but the lines around my lips are still so deep. I don't want Botox injections. Is there anything I can do to camouflage the lines?



Even drinking through a straw can exaggerate lip lines

A First, stop smoking for good: Smoking weakens the skin's defenses against wrinkle-causing free radicals and lowers the supply of oxygen in your bloodstream needed to nourish healthy cells, says dermatologist Lydia Evans, M.D., in Chappaqua, New York. It's also important to wear an SPF 15 or higher sunscreen every day as sunlight also increases the skin's breakdown and decreases production of the collagen and elastin fibers that keep skin firm. To repair your skin, try products with retinol to speed cell renewal at night; in the morning, smooth on **L'Oréal Plénitude Visible Results Skin Renewing Treatment with SPF 15** ($18.99). It has Activa-cell complex to stimulate cells that generate collagen and elastin. Line fillers are a temporary fix. One to try: **Joey New York Line Up**, a collagen-rich gel ($40; to order, 800-563-9691).

For more beauty advice, log on to www.lhj.com/carol

Nail repair

Q I have these strange horizontal grooves on my thumbnails. What causes them and what can I do about them?

A "Those grooves may be the result of a trauma to the matrix, the starting point for nail growth at the base of the nails," says dermatologist Mary Lupo, M.D., in New Orleans. Culprits include pushing the cuticle too far or too roughly during a manicure, picking at the cuticle or simply banging into something. If grooves are on more than one nail, the problem may be a fungus, a yeast infection or a condition such as arthritis. The cure: Stop picking, chewing or cutting cuticles. Have medical conditions treated. Rub in a vitamin-rich cream such as **Sally Hansen Radiant Hands, Nails & Cuticles Creme** ($5.95) and you'll be more likely to leave your cuticles alone. You should start to see an improvement in three to four months.



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Scented Baby Powder



Sunscreen savvy

On the beach in your bathing suit isn't the only time you need protection from the sun. There's a slew of sunscreen options that do double—even triple—duty with innovative packaging and formulas to meet every need. Here, everything that's new under the sun **By Jessica Goldberg**



YOU WANT: A formula you can reapply over makeup
TRY: **B. Kamins, Chemist Bio-Maple Sunbar Sunscreen spf 30** glides easily over makeup and is absorbed quickly to leave skin protected and makeup undisturbed ($29; to order, 888-252-6467).



YOU WANT: Portable protection for partially exposed skin
TRY: Each **SPF to Go** ($1.29 each; SPF 45, 30 and 15) single-use packet contains .5 ounces of sunscreen, just enough to cover what's exposed when you're wearing shorts and a T-shirt. Perfect for a day at the ball game or park.



YOU WANT: Anti-aging benefits
TRY: **Sea & Ski Faces SPF 50** ($8.99) fights lines and wrinkles with astaZANTHIN, a powerful antioxidant, as well as vitamins A, C and E to help neutralize skin-damaging free radicals.



YOU WANT: A nongreasy, easy-to-apply product
TRY: **Bain de Soleil Oil-Free Protecteur Lotion Spray SPF 25** ($9.59) gets you covered without leaving a greasy residue. Bonus: The spray applicator makes it easy to protect even hard-to-reach areas, such as your back.



YOU WANT: A nonsticky formula that's also water-resistant and sweatproof
TRY: **Coppertone Sport Sunblock Gel SPF 30** ($9.99) absorbs on contact and leaves your hands dry for a nonslip grip—perfect if you're out playing tennis or golf.



YOU WANT: A pleasant fragrance
TRY: **Banana Boat VitaSkin Advanced Sun Protection SPF 15** ($9.99), with its light citrus aroma, is a pleasing alternative to the typical too-sweet coconut scent in many sunscreens.

YOU WANT: On-the-spot protection for burn-prone zones
TRY: **Murad Environmental Shield Sunblock Stick SPF 30** ($15; to order, 800-336-8723) fits in your pocket and is ready to apply to sun-sensitive areas such as your lips, nose and earlobes.



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Fancy footwork

This summer's barely-there slip-ons are jewelry for your feet

With sandals adorned with shiny beads, sequins, stones, studs and flowers on your feet, you won't have to think about donning accessories elsewhere. Keep the focus on these dazzlers by wearing a solid-color skirt, pants or shorts—and keeping up with those pedicures.



Rock candy
Faryl Robin, $84

Petal pushers
Nicole, $49

Coconut toes
Michael Simon; $140

Beaded beauty
Mystique, $70

Mother-of-pearl pastel
AK Anne Klein, $55

Hot-pink paillettes
Mystique, $70

Star attraction
Nina, $49


let the lather love fest begin.
cing a new line of Dove All Da Body Washes with lasting hydrating
nts. For lather so rich and creamy a lather love fest may ensue in your shower.
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Frizz fighters that **really work**



Does your hair go wild at the first sign of humidity? We asked three LHJ readers to road test the latest anti-frizz products. What tamed their tresses can work for yours, too. You'll never fear balmy or rainy days again **By Carol Straley and Jessica Goldberg**

"My hair just wants to curl"



JESSICA BUNUCCI, 25

Frizz problem: "I blow-dry my naturally wavy hair straight every day. All that heat styling dries out my hair, and if the weather isn't cooperating, my hair starts to curl." **Products tested:** Hair-smoothing balm and straightening lotion. **What works:** "The lotion added more shine than the balm and made the blow-drying easier. My straight hair even survived a workout." **Editor's pick:** Aveda Hang Straight Straightening Lotion, $16; for salons, 800-328-0849.



TAKING IT FROM CURLY TO SUPER SLEEK

- Smooth lotion onto damp hair with hands and comb through to distribute evenly.
- Section hair into four parts (front, sides and back).
- Using a round brush and starting in the front, roll hair and aim blow-dryer down at the rolled section to flatten the cuticle. Pull hair taut, starting at the root and pulling toward the ends. Repeat with each section.



ew Suave® Professionals Amplifying Shampoo.
et big fat hair just like Matrix® Amplify®. For less.



Suave. Don't you look smart.

"I want curls that stay together whatever the weather"





KAREN BRASS, 27

Frizz problem: "It takes a lot of product to make my thick, curly hair behave. I usually air-dry with a mousse, which leaves my hair with the wet look, then the curl flattens out and gets frizzy as the day goes on." **Products tested:** Styling gel and anti-frizz cream. **What works:** "The cream gave me natural-looking curls that lasted all day with no wet look. I now use this product every day!" **Editor's pick:** Pantene Pro-V Moisturizing Curls Shaper Anti-Frizz Creme, $6.99.

KEEP NATURAL CURLS FRIZZ-FREE

- Avoid mousses and gels when air-drying. The alcohol in the products can cause stickiness.
- Apply a quarter-size amount of cream to your hands and scrunch curls from roots to ends. Air-dry.
- Avoid overstyling. The more you touch, the more frizz you create.

"My hair is relaxed, but I get frizzy roots and dry ends"



DONA EDWARDS, 33

Frizz problem: "My relaxed hair has tight curls at the roots and straighter hair at the ends. I usually curl my hair to shape it, but that can fray the ends." **Products tested:** Smoothing serum and smoothing cream. **What works:** "The cream kept my ends in check best. But to avoid buildup, I only use it every other day." **Editor's pick:** John Frieda Relax Daily Replenisher Instant Surface Smoother, $6.99.



STAYING RELAXED

- Wash and style your hair completely only once or twice a week to keep from damaging and drying out your hair.
- To touch up your hair between washings, apply a dime-size amount of smoothing cream to your palms and rub through hair.
- Use a ½-inch curling iron to create smooth curls and seal the ends. This will help keep flyaways and frizz from forming.

Smooth talk

For frizz-free tresses, follow these tips from top hair-smoothing experts.

- Deep-condition twice a month, says curl expert Ouidad, from New York City's Ouidad Salon. After towel-drying clean hair, apply a protein-based, vitamin-rich conditioner, such as Ouidad Deep Treatment ($30 for four ounces; to order, 800-677-4247). Cover with a shower cap and run a blow-dryer several inches from cap for 10 minutes. Rinse. Apply light daily conditioner. Rinse out, but leave some from mid-shaft to the ends.
- Judie Maginn, vice president of marketing for Matrix, suggests using a finishing product that does not contain water (excess moisture can create frizz). Try Matrix Sleek.Look Waterfree Lockdown Spray ($12.95; for salons, 800-662-8749).

Now there's a moisturizer that firms skin in just 2 weeks?



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"We can't have a baby"

Like millions of other infertile couples, Katie and Bob were overwhelmed by grief, anger and blame

By Cynthia Hanson



Katie's turn:

"I love Bob dearly, but maybe marrying him wasn't the right thing to do," said Katie, 32, a marketing supervisor for a chain of nursing homes.

"I knew when I accepted his proposal that he might not be able to father a child, but I didn't realize just how devastating the reality of it would be. I don't know if I can accept going through life without children.

"We've been married only five months, but Bob and I have been dealing with infertility ever since our relationship became serious. We met two years ago at a friend's cookout. I was instantly attracted to Bob, and we had so much in common: We were raised in Irish-Catholic families in suburban Philadelphia; we were divorced; and we liked biking and camping. Within four months, we were madly in love.

"One night, Bob hesitantly told me he'd had a vasectomy during his first marriage. I assumed it was because he'd had two kids and didn't want more. This was a potential deal breaker, since I always wanted to be a mother someday.

"Growing up, I got mixed messages about parenting. My father, a manager for a utilities company, constantly complained that we six kids were a financial burden. But my mother, a fourth-grade teacher, believes childbearing is a woman's greatest accomplishment. She urged us to marry right after college and have children as soon as possible. Taking her advice to heart, I married Roger, my college boyfriend, but our marriage lasted only ten months. I spent most of my twenties concentrating on my career, taking for granted I'd eventually have children with Mr. Right.

"Except for his vasectomy, Bob was that man. So after three days of soul-searching, I told him bluntly: 'I want to have a family. If you're serious about marrying me, you'll have to get the vasectomy reversed.' Bob was stunned at first, but a few days later he said, 'I love you, and I'll do whatever it takes to have children with you.'

"His doctor explained that the reversal had a fifty percent success rate and that it would take a year to get final results. Six months after surgery, tests showed Bob's sperm count was approaching normal levels, so we had every reason to believe that we'd be ready to try for a baby right on schedule.

"By now, we were planning our wedding. We also bought a fixer-upper house in a community near Bob's ex-wife, Denise, so he could be close to his eight-year-old son, Brad. Brad is such a sweet boy, and he and I developed a close relationship. Bob's daughter, Kelly, is away at college, so I don't see her as often.

"We were married that summer, and everything was perfect at first. Then, on the one-year anniversary of the vasectomy reversal, we learned that Bob's sperm count had plummeted to zero. Scar tissue had built up from the surgery, and the doctor said there was no way to fix it. I went to an infertility specialist, who recommended we try a new type of in-vitro fertilization (IVF) in which sperm is injected directly into the egg rather than simply allowing it to penetrate naturally. If Bob *(continued)*

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Nasacort AQ
(triamcinolone acetonide) Nasal Spray

For intranasal use only.
Shake Well Before Using

BRIEF SUMMARY

CONTRAINDICATIONS

Hypersensitivity to any of the ingredients of this preparation contraindicates its use.

WARNINGS

The replacement of a systemic corticosteroid with a topical corticosteroid can be accompanied by signs of adrenal insufficiency and, in addition, some patients may experience symptoms of withdrawal; *e.g.*, joint and/or muscular pain, lassitude and depression. Patients previously treated for prolonged periods with systemic corticosteroids and transferred to topical corticosteroids should be carefully monitored for acute adrenal insufficiency in response to stress. In those patients who have asthma or other clinical conditions requiring long-term systemic corticosteroid treatment, too rapid a decrease in systemic corticosteroids may cause a severe exacerbation of their symptoms.

Children who are on immunosuppressant drugs are more susceptible to infections than healthy children. Chickenpox and measles, for example, can have a more serious or even fatal course in children on immunosuppressant doses of corticosteroids. In such children, or in adults who have not had these diseases, particular care should be taken to avoid exposure. If exposed, therapy with varicella-zoster immune globulin (VZIG) or pooled intravenous immunoglobulin (IVIG), as appropriate, may be indicated. If chickenpox develops, treatment with antiviral agents may be considered.

PRECAUTIONS

General: In clinical studies with triamcinolone acetonide nasal spray, the development of localized infections of the nose and pharynx with *Candida albicans* has rarely occurred. When such an infection develops it may require treatment with appropriate local or systemic therapy and discontinuance of treatment with **Nasacort AQ** Nasal Spray.

Nasacort AQ Nasal Spray should be used with caution, if at all, in patients with active or quiescent tuberculous infection of the respiratory tract or in patients with untreated fungal, bacterial, or systemic viral infections or ocular herpes simplex.

Because of the inhibitory effect of corticosteroids, in patients who have experienced recent nasal septal ulcers, nasal surgery, or trauma, a corticosteroid should be used with caution until healing has occurred. As with other nasally inhaled corticosteroids, nasal septal perforations have been reported in rare instances.

When used at excessive doses, systemic corticosteroid effects such as hypercorticism and adrenal suppression may appear. If such changes occur, **Nasacort AQ** Nasal Spray should be discontinued slowly, consistent with accepted procedures for discontinuing oral steroid therapy.

Information for Patients: Patients being treated with **Nasacort AQ** Nasal Spray should receive the following information and instructions. Patients who are on immunosuppressant doses of corticosteroids should be warned to avoid exposure to chickenpox or measles and, if exposed, to obtain medical advice.

Patients should use **Nasacort AQ** Nasal Spray at regular intervals since its effectiveness depends on its regular use. (See **DOSAGE AND ADMINISTRATION**.)

An improvement in some patient symptoms may be seen within the first day of treatment, and generally, it takes one week of treatment to reach maximum benefit. Initial assessment for response should be made during this time frame and periodically until the patient's symptoms are stabilized.

The patient should take the medication as directed and should not exceed the prescribed dosage. The patient should contact the physician if symptoms do not improve after three weeks, or if the condition worsens. Patients who experience recurrent episodes of epistaxis (nose bleeds) or nasal septum discomfort while taking this medication should contact their physician. For the proper use of this unit and to attain maximum improvement, the patient should read and follow the accompanying patient instructions carefully.

It is important to shake the bottle well before each use. **Also, the bottle should be discarded after 120 actuations since the amount of triamcinolone acetonide delivered thereafter per actuation may be substantially less than 55 mcg of drug.** Do not transfer any remaining suspension to another bottle.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: In a two-year study in rats, triamcinolone acetonide caused no treatment-related carcinogenicity at oral doses up to 1.0 mcg/kg (approximately 1/30 and 1/50 of the maximum recommended daily intranasal dose in adults and children on a mcg/m^2 basis, respectively). In a two-year study in mice, triamcinolone acetonide caused no treatment-related carcinogenicity at oral doses up to 3.0 mcg/kg (approximately 1/12 and 1/30 of the maximum recommended daily intranasal dose in adults and children on a mcg/m^2 basis, respectively).

No mutagenicity studies with triamcinolone acetonide have been performed.

In male and female rats, triamcinolone acetonide caused no change in pregnancy rate at oral doses up to 15.0 mcg/kg (approximately 1/2 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). Triamcinolone acetonide caused increased fetal resorptions and stillbirths and decreases in pup weight and survival at doses of 5.0 mcg/kg and above (approximately 1/5 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). At 1.0 mcg/kg (approximately 1/30 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis), it did not induce the above mentioned effects.

Pregnancy: *Teratogenic Effects. Pregnancy Category C.* Triamcinolone acetonide was teratogenic in rats, rabbits, and monkeys. In rats triamcinolone acetonide was teratogenic at inhalation doses of 20 mcg/kg and above (approximately 7/10 of the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). In rabbits, triamcinolone acetonide was teratogenic at inhalation doses of 20 mcg/kg and above (approximately 2 t... the maximum recommended daily intranasal dose in adults on a mcg/m^2 basis). In mon... triamcinolone acetonide was teratogenic at an inhalation dose of 500 mcg/kg (app... mately 37 times the maximum recommended daily intranasal dose in adults on a mc... basis). Dose-related teratogenic effects in rats and rabbits included cleft palate and/or int... hydrocephaly and axial skeletal defects, whereas the effects observed in the monkey ... cranial malformations.

There are no adequate and well-controlled studies in pregnant women. Therefore, tria... nolone acetonide should be used in pregnancy only if the potential benefit justifies ... potential risk to the fetus. Since their introduction, experience with oral corticosteroi... pharmacologic as opposed to physiologic doses suggests that rodents are more pro... teratogenic effects from corticosteroids than humans. In addition, because there is a ... ral increase in glucocorticoid production during pregnancy, most women will require a l... exogenous corticosteroid dose and many will not need corticosteroid treatment d... pregnancy.

Nonteratogenic Effects: Hypoadrenalism may occur in infants born of mothers rece... corticosteroids during pregnancy. Such infants should be carefully observed.

Nursing Mothers: It is not known whether triamcinolone acetonide is excreted in human ... Because other corticosteroids are excreted in human milk, caution should be exercised ... **Nasacort AQ** Nasal Spray is administered to nursing women.

Pediatric Use: Safety and effectiveness in pediatric patients below the age of 6 years ... not been established.

Corticosteroids have been shown to cause growth suppression in children and teena... particularly with higher doses over extended periods. If a child or teenager on any cort... teroid appears to have growth suppression, the possibility that they are particularly sen... to this effect of corticosteroids should be considered.

ADVERSE REACTIONS

In placebo-controlled, double-blind, and open-label clinical studies, 1483 adults and ... dren 12 years and older received treatment with triamcinolone acetonide aqueous ... spray. These patients were treated for an average duration of 51 days. In the controlle... als (2-5 weeks duration) from which the following adverse reaction data are derived, ... patients were treated with **Nasacort AQ** Nasal Spray for an average of 19 days. In a ... term, open-label study, 172 patients received treatment for an average duration of 286 ...

Adverse events occurring at an incidence of 2% or greater and more common a... **Nasacort AQ**-treated patients than placebo-treated patients in controlled adult clinical ... were:

Adverse Events	Patients treated with 220 mcg triamcinolone acetonide (n=857) %	Vehicle Placebo (n=962) %
Pharyngitis	5.1	3.6
Epistaxis	2.7	0.8
Increase in cough	2.1	1.5

A total of 602 children 6 to 12 years of age were studied in 3 double-blind, placebo... trolled clinical trials. Of these, 172 received 110 mcg/day and 207 received 220 mcg/... **Nasacort AQ** Nasal Spray for two, six, or twelve weeks. The longest average duratio... treatment for patients receiving 110 mcg/day and 220 mcg/day were 76 days and 80 ... respectively. Only 1% of those patients treated with **Nasacort AQ** were discontinued ... adverse experiences. No patient receiving 110 mcg/day discontinued due to a serious ad... event and one patient receiving 220 mcg/day discontinued due to a serious event tha... considered not drug related. Overall, these studies found the adverse experience pro... **Nasacort AQ** to be similar to placebo. A similar adverse event profile was observed i... atric patients 6-12 years of age as compared to older children and adults with the exc... of epistaxis which occurred in less than 2% of the pediatric patients studied.

Adverse events occurring at an incidence of 2% or greater and more common among ... patients treated with placebo than **Nasacort AQ** were: headache, and rhinitis. In children ... 6 to 12 years these events included: asthma, epistaxis, headache, infection, otitis ... sinusitis, and vomiting.

In clinical trials, nasal septum perforation was reported in one adult patient althoug... tionship to **Nasacort AQ** Nasal Spray has not been established.

In the event of accidental overdose, an increased potential for these adverse exper... may be expected, but acute systemic adverse experiences are unlikely. (See **OVERDOS**...

OVERDOSAGE

Like any other nasally administered corticosteroid, acute overdosing is unlikely in v... the total amount of active ingredient present. In the event that the entire contents of th... tle were administered all at once, via either oral or nasal application, clinically sign... systemic adverse events would most likely not result. The patient may experience som... trointestinal upset.

Caution: Federal law prohibits dispensing without prescription.

Please see product circular for full prescribing information.

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ld produce even a few sperm—
ch was still a possibility—we had a
nce. I was surprised that the doctor
n't order fertility tests for me, but
said I was young enough to have
lthy eggs.

For weeks, IVF ran my life as I un-
went blood tests, ultrasounds and
none shots to stimulate my ovaries
producing multiple egg follicles. I
ied weight and felt moody and total-
insexy. After all that, we created
y two embryos that were viable
ugh to transfer to my uterus, but
her one developed into a pregnancy.
I get so depressed and angry at the
ught of being childless forever. I
w it's pointless to blame Bob, but I
I know he blames himself for our
rtility problems, too, so I keep qui-
avoid making him feel worse.

As a result, we're drifting apart.
conversations are impersonal,
we rarely laugh anymore. We're
pped for cash—IVF costs around
,000, and we're maxing out our

For weeks, nfertility eatments an my life"

it cards to pay for it—so we've
ped doing things we enjoy.

My other relationships are suffer-
too. Lately, I've been making
ses to go out when my stepson
s, because seeing him makes me
It's awkward being around
ds who have kids, and I hate it
n people ask, 'Why don't you
adopt?' That makes me feel as if
somehow wrong to want a bio-
cal child when this other option
ailable.

told Bob I wanted to try IVF again,
only if we saw a marriage coun-
, too. I hate feeling so bitter all the
. I don't want to lose my mar-
—but I don't want to live with re-
the rest of my life, either."

Bob's turn:

"I wouldn't blame Katie if she left me," said Bob, 46, a mechanical engineer.

"It's my fault she had to suffer through those shots and surgeries. I feel guilty that my sterility is causing her so much pain, and I'm devastated that it's jeopardizing our relationship.

"Katie and I used to be candid about our feelings. No topic was taboo, not even our failed first marriages. Now, we haven't talked about our feelings in months. We should be discussing our other parenthood options, but I don't dare bring up the subject. Katie is so intent on getting pregnant that I'm afraid of upsetting her if I suggest adopting. But the truth is, I think adoption would be a good solution for us.

"From the start, I dreaded telling Katie about my vasectomy. I figured she would leave me—just like everyone else in my life has. My parents raised my three older sisters, but when I was a baby, they sent me to live with my aunt and uncle; I think it was because my mother had an advanced case of multiple sclerosis. She died when I was ten, and I hardly ever saw my father.

"My aunt and uncle were kind, but it wasn't the same as being with my real parents. Once, my aunt called me a 'handful,' and I took that to mean I was a bad boy. I became quiet and well-behaved for fear she'd send me to live with someone else.

"I married my first wife four years after we first met in high school. We fought all the time about finances, child rearing—you name it. Then Denise said she didn't want any more children and demanded I get a vasectomy. At first I resisted, but she kept pressing and insisting that I would do it if I really cared about her. I finally gave in for the sake of our marriage, not thinking that I might regret it later on. A few years later, Denise cheated on me, and I filed for divorce.

"When I met Katie, I was ready for a serious relationship. She was everything I wanted in a woman: smart, warm, witty and beautiful. I'll never *(continued)*

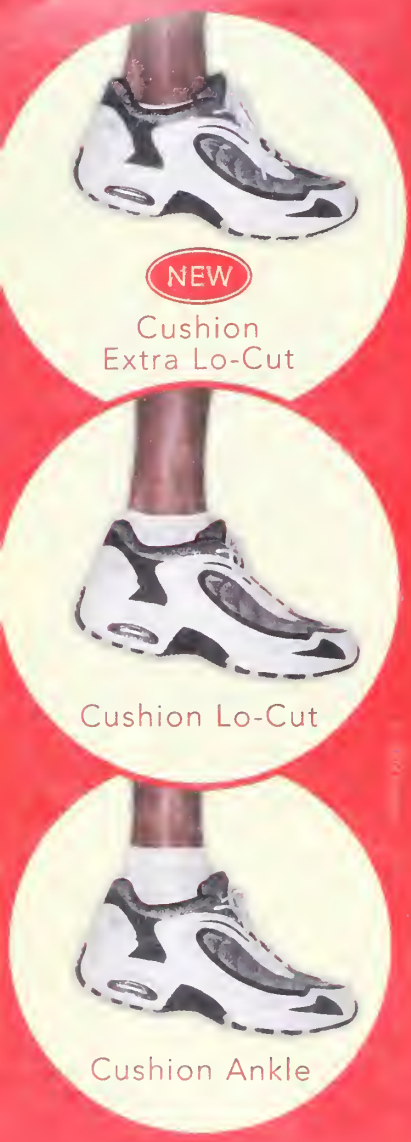


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forget her disappointed expression when I told her I was sterile. I didn't hesitate to get the procedure reversed, and I was miserable when it failed.

"I'm glad we're trying the in-vitro process again. I can endure the cost and the emotional roller-coaster ride if it means we can be parents. I'm also grateful that Katie suggested counseling. She's the love of my life, and I'll do anything to save my marriage."

The counselor's turn:

"Katie and Bob felt helpless, hopeless and cheated by life—emotions that are typical among the more than six million American couples who can't conceive a baby," said the counselor.

"As the American Society for Reproductive Medicine reports, infertility can trigger overwhelming feelings of loss. The decisions and expense of medical intervention can be daunting. It's no wonder, then, that marital dysfunction is both common and normal among infertile couples. Psychological symptoms are also typical: mild depression, persistent feelings of bitterness and anger, social isolation, feelings of pessimism and guilt.

"Shortly after they started therapy, the couple's second IVF cycle failed because Bob's sperm quality was too poor, so they tried insemination with donor sperm. After four unsuccessful attempts, Katie insisted on undergoing infertility tests herself.

"It turned out that she had endometriosis, which had caused scar tissue to block her fallopian tubes, preventing the eggs and sperm from passing through. This made it impossible for her to become pregnant through insemination, which involves assisting the fertilization in the tubes. Another IVF, using donor sperm, was their only option. But by then Katie had had enough of shots



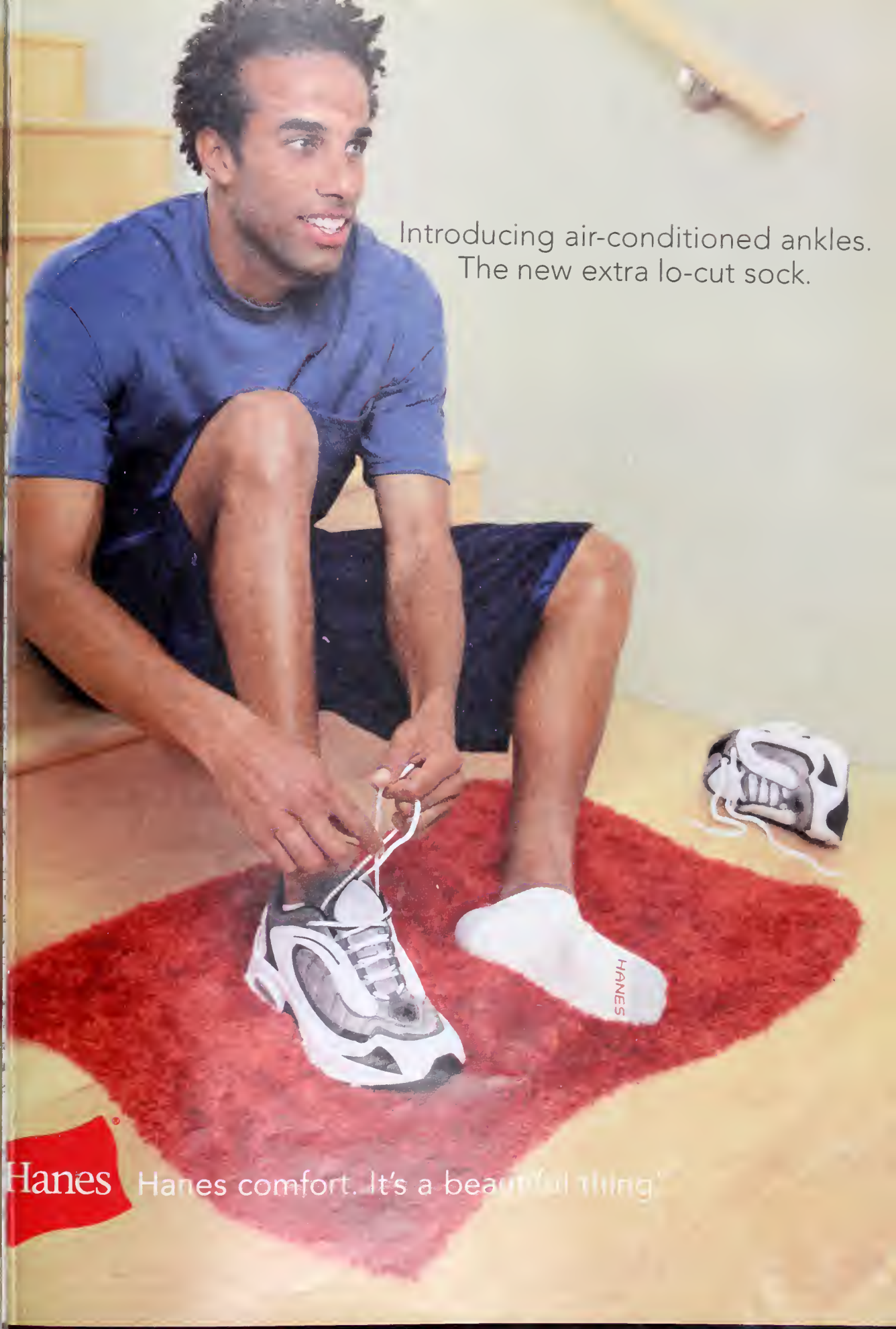
and procedures, and she wasn't sur she really wanted to bear anothe man's child. 'It's time for us to mov on,' she said.

"Despite their ordeal, Katie an Bob remained in love and were dete mined to stay together. I was conf dent they could if they followed multistep plan to heal and reconnec First, I urged them to mourn openl Infertility is like a death: Couple must go through the stages o grieving—including anger, denial ar sorrow—before they can reach acce tance. By keeping their pain inside avoid hurting each other, they'd b come estranged emotionally.

"Katie and Bob were suffering different ways. Katie needed to ve her anger at Bob for having had t vasectomy and at her doctor for not d agnosing her condition earlier. B needed to alleviate his guilt over h voluntary sterilization, his disappoin ment that the reversal had failed a his fear that his choices would c him his marriage.

"I instructed them to rememb each other's positive qualities and e press their appreciation for those tra every day. Couples in crisis often b come so focused on their problem t they forget why they fell in love. I sharing the things they enjoy abo each other—Bob's gentle nature a sense of humor; Katie's intellect a outgoing personality—they began distance themselves from all the neg tive emotions.

"I also urged them to have fun. Ev though money was tight, they cou still afford to rent videos, order ta out pizza, snuggle on the sofa, ta long walks and ride *(continu*


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- 1 package Duncan Hines® Candy Shop™ Brownie Mix with "M&M'S"®
- 1/2 cup chopped nuts, optional
- 1 quart vanilla ice cream, softened
- 1/4 cup caramel ice cream topping
- 3/4 cup Duncan Hines® Creamy Home-Style Classic Chocolate Frosting

1. Preheat oven to 350°F. Line two 8-inch round pans with heavy duty aluminum foil, extending it slightly over the edges of the pan. Grease foil or spray with nonstick cooking spray.
2. Prepare brownies according to package directions. Divide batter evenly between pans. Sprinkle 1 tablespoon "M&M'S"® and 1/4 cup nuts over each pan. Reserve remaining "M&M'S"® for topping.
3. Bake for 22–25 minutes or until tooth pick inserted in the center comes out clean. Cool completely in pan.
4. With one brownie layer still in pan, spread ice cream over brownie layer. Drizzle ice cream topping over ice cream. Top with second brownie layer; press down lightly. Wrap in plastic wrap and freeze until firm, about 2-3 hours. Remove from freezer 15 minutes before serving. Lift cake from pan using foil. Remove foil and frost the top of the cake; sprinkle with reserved "M&M'S."® Cut into wedges. Makes 12 servings.

For more recipes, visit
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their bikes—activities they'd enjoyed before infertility treatments consumed their lives.

"Katie and Bob hadn't been making love very often, either because they'd had to abstain during part of the IVF cycle or because the medication and Katie's weight gain had caused her desire to ebb. Cuddling, hugging and kissing at every opportunity went a long way toward reviving their intimacy. Once Katie was off the fertility drugs and started exercising, she lost twenty pounds, and now she frequently initiates sex.

"Next, the couple confronted their upbringings and how they influenced their feelings about infertility. Katie had grown up believing her mother's implied message that her self-worth was linked to her ability to bear children, and she felt she'd failed as a woman. I helped her understand that this attitude was only making her more unhappy, and reminded her that she was a worthwhile person with or without a baby. 'You can still become a parent through adoption if you want to,' I added. 'But not having children is an equally valid choice.'

"Katie and Bob will be bringing home their adopted baby girl from Korea soon"

"Meanwhile, Bob's childhood fear of abandonment had turned him into a classic people-pleaser, to the point where he sacrificed his own best interests and frustrated Katie by not speaking his mind. 'Be assertive,' I advised. 'Your wife will respect you for standing your ground.' Over time, Bob has become more outspoken, and he feels secure that Katie won't leave him if he disagrees with her over any given issue.

"I advised the couple to reach out to supportive friends. Katie and Bob had stopped socializing, and the isolation exacerbated their loneliness and despair. It was also vital that Katie renew her relationship with her stepson if she didn't want to alienate him forever. She went back to attending Brad's soccer games, watching TV with him and talking about school.

"Finally, I encouraged them to look into adoption. 'You don't have to make a snap decision,' I said. 'Just learn about the process and live with the idea for a while.' Bob was enthusiastic, but Katie was worried at how ambivalent she felt. I assured her that this was normal, and that couples can change their minds many times before reaching a decision. After several months, Katie made peace with her infertility and realized that she did want to adopt a child. Much to her delight, Bob scheduled interviews with adoption agencies and completed the paperwork. 'I feel relaxed knowing that every decision doesn't rest on my shoulders,' said Katie.

"Katie and Bob were ready to end counseling after eighteen months. Recently, they called to report good news. Their application to adopt a baby girl from Korea was approved, and they'll be bringing their daughter, whom they'll name Erica, home this summer. 'Bob and I are renovating the room that will become Erica's nursery,' said Katie. 'Soon I'll have everything I always wanted—a loving husband, a strong marriage and a child.'" ■

"Can This Marriage Be Saved?" is the most enduring women's magazine feature in the world. This month's case is based on interviews with clients and information from the files of Catherine Marshall Bean, M.F.T., a marital and family therapist in Philadelphia. The story told here is true, although names and other details have been changed to conceal identities. "Can This Marriage Be Saved?" is a registered trademark of Meredith Corporation. For more stories of couples in crisis, go to the Love Channel of *www.lhj.com* and click on "Can This Marriage Be Saved?"


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When the kids come between you

Our guest therapist helps solve your toughest dilemmas

By Margery D. Rosen



We asked Catherine Marshall Bean, M.F.T., a marriage and family therapist based in Philadelphia—and the counselor in this month's "Can This Marriage Be Saved?" case—to answer your questions about kids and marriage.

Q When my husband and I married four years ago, both of us said we wanted children. Now I'm ready to get pregnant, but he's having second thoughts about being a father. What can I do?

A Many spouses make negative interpretations of their partner's statements. You heard: "I don't want to have children." But perhaps what your husband is really trying to say to you is: "I'm worried about being a dad."

Starting a family is a huge step for most of us, and during the decision-making process, many concerns go through our minds. Your husband may be swamped with doubts about his ability to be a good father. He may be worried about the financial responsibilities of parenthood or concerned about bringing a child into such an uncertain world.

Whatever the case, angry and hurt feelings will prevent you from uncovering the real message behind his words. Ask him to set aside some quiet time so you can both speak candidly about your apprehensions. Let him talk—without judging, criticizing or editing his thoughts and feelings. Chances are, you'll discover a common ground.

Q My husband's family has been insufferable ever since we had kids. His mother is always butting in with parenting advice, and his sister brags that her little darlings are smarter than mine. When I try to tell my husband how I feel, he says, "That's just the way they are." How can I keep my in-laws from driving me crazy?

A Couples often fantasize that their relationship with their in-laws will be a smooth one. But when children arrive on the scene, extended families inevitably go through a transition. Grandparents and other relatives are trying to figure out where, and if, they fit in. When conflicts arise, never make your husband feel as if he has to choose between you and his family.

Try to establish a separate relationship with your mother-in-law. Spend time together—perhaps the two of you could take the kids to the park. Let her know how much you respect her wisdom but that you also need her support for your decisions as a parent.

Your sister-in-law presents a stickier situation. People who make such insensitive remarks are usually insecure themselves. Hard as it is, grit your teeth if necessary, smile and change the subject. Think of it this way: Maintaining good relationships with your husband's family is a gift your children will cherish forever.

Q My husband is a totally uninvolved father. He comes home too late to have dinner with us, then watches TV or works all night. And he makes me handle any problem that comes up. How can I get him to change his attitude?

A To some extent, the kind of parents we are is determined by the kind of parenting we had. If your mother was a take-charge, do-it-all type, you're likely to be, too. Similarly, if your husband's father left all domestic concerns up to his wife, then that may be the only kind of dad your husband knows how to be.

But just because your husband doesn't interact lovingly with his children doesn't mean he can't learn. I strongly suggest that the two of you consult a couples therapist who can help you explore your childhood experiences and how you can do things differently now.

It's also important to consider the part you may be playing in this. If you have been doing everything, rarely asking for your husband's opinion or criticizing him if he offers one, you may unwittingly be pushing him off the stage. Back away a bit, and he may find the room to move forward. ■

***Do you have a marital problem** that you just can't seem to resolve—over money, sex, kids, work, the in-laws? Send your questions to ctm@mdp.com. Although we can't answer questions personally, we'll choose selected letters each month for our guest therapist to answer.*

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Men & sex: What your husband will never tell you

He won't own up to them, but his secret sexual thoughts say a lot about your marriage

By Brian Alexander



You think he's watching you vacuum. In fact, he's amusing himself with the thought of you as a wild sex goddess

MEN HAVE A REPUTATION for being astoundingly clueless about sex. I'll admit we could stand to learn a thing or two, but I'm not at all sure we deserve the bad rep, at least not when you consider that women have at least as much to learn as we do. On the theory that both sexes could benefit from a little more open discussion, I offer the following sampling of things men think you still don't know about sex.

1 We think you are sexy.

Yes, you, our wives. A man in a good marriage thinks his wife is sexy. He may not share this information with you very often—certainly not first thing in the morning when you're wearing polyester sweatpants and an old T-shirt that says "Texas," and you still have that morning goop on the corner of your mouth. But most of the time, you still light our flame.

I know men, myself included, who have caught themselves ogling a woman walking toward them on the street only to discover, as the woman got nearer, that she was his wife. I know men who keep an eye on the 17-year-old kid who cuts the lawn because of the way he looks at you. The 17-year-old's intentions may be entirely innocent, but your husband sees you in a different way and assumes that all men do, too.

A husband's view of his wife's allure certainly has to do with her beauty, but that's not all. Yes, we are aware that your belly isn't as flat as it once was and that crows have been treading around the corners of your eyes. But when we're at a party, trapped in conversation with a blowhard who's telling us how he'd run the world, and we see you across the room shooting a sly smile that says "I've got someplace more fun in mind," that's sexy. It's sexy because we know each other. We have a history, good and bad. So as important as your beauty may be, it can't compare to the information we see when we look in your eyes.

2 We think about our old girlfriend.

Almost every man has a woman in his past who flipped his switch so expertly that his heart rate bumps up a notch when he thinks of her. Even though the relationship did not work out, the memory of her survives and can even pop into our heads during sex.

The memory of an old girlfriend is an escape, more fantasy *(continued)*

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Mothers. Daughters.
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DIVINE SECRETS OF THE YA-YA SISTERHOOD

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[illegible]DLER E.K. GAYLORD II MARY McLAGLEN LISA STEWART BASED ON THE NOVELS "DIVINE SECRETS OF THE YA-YA SISTERHOOD" AND "LITTLE ALTARS EVERYWHERE" BY REBECCA WELLS ADAPTATION BY MARK ANDRUS SCREENPLAY BY CALLIE KHOURI PRODUCED BY BONNIE BRUCKHEIMER HUNT LOWRY

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n reality. It's like a great fishing
y, or the tale of how we caught the
ning pass in the high-school
mpionship game. The details
ome more epic over the years until
memory bears little resemblance to
ual history. It reminds us of a time
ore we had a mortgage and kids,
maybe a job we're not so thrilled
n. When we think about the old
friend rationally we know she not
does not look like she once did,
probably never looked the way we
ember her, and that she's probably
ried, too, with a job, kids and a
band who sometimes thinks about
old girlfriend.

We like married sex better than we liked single sex.

ow a single guy who says, "The
thing about dating sex is that you
go home afterward." What he
ns is he likes not having to live up
ny notions a girlfriend may have
about the way he handles himself
s-sex.
understand his feelings. When I
dating someone new, it was hard
lax and enjoy those post-sex
nents. I had too many worries:
I being suave enough? Did I suck
abs in tightly enough? Was our
lude going to change our
ionship? Did it mean I was in
? Was she?
Vell, my wife knows I love her,
she knows that my abs have a
bury Doughboy roundness.
ried sex means fewer worries, and
fewer distractions. We can
entrate on you, look in your eyes,
the joy we feel and reconfirm,
n and again, that we love you.
's a feeling guys just don't get
n they're plotting a strategy for
ng out of a woman's apartment.

Sometimes, we actually like hearing how you ht sex with the room-vice waiter.

e is something about seeing you
e home from work to help the kids
with long division that can make us forget that inside you thumps the heart of an insatiable sex goddess. We need the occasional reminder that the erotic dynamo we fell for is alive and well under all that responsibility. Which is why we might even enjoy the fantasy of you in tight leather pants, with trashy high heels and wet lipstick, prowling for a strange man to satisfy your animal lust.

Yes, this does sound like a porn movie. Sorry, but there is always going to be a part of us that never outgrows the adolescent fantasy that the woman we are married to is naughty.

Of course, in real life, we don't really think you want to seduce the waiter or the pool boy. (For one thing, we don't *have* a pool.) But we do like the idea that you could be so burning with desire that you'd do anything to satisfy it. In real life, that's where we come in.

5 You have to ask for what you want.

Guys who know precisely how to please a woman, who can anticipate her changes of mood and erotic preferences, exist only in movies and romance novels. Trust me. Take the leading man out of a bodice-ripper, marry him to the heroine of the book, give them two kids and a 1997 Pontiac, and I'll bet he loses his prescience. He'll zig when she wants him to zag.

Change is a good thing, but when you want to try something new, you have to let us know. I'm not talking only about technique, either. Think big. If you're tired of the way we dress and think leather pants will ignite your flame (even though we think they make us look like a bratwurst), then say so. If you'd like to try someplace new for a long weekend, dining at the beach by candlelight or dancing to 1940s swing music, say so. If you suddenly have a hankering for sadomasochistic body-piercing rituals, tell us that, too. Gently.

Tell us your fantasies, your desires, your dreams. Most important of all, tell us what you think we don't know about sex. ■

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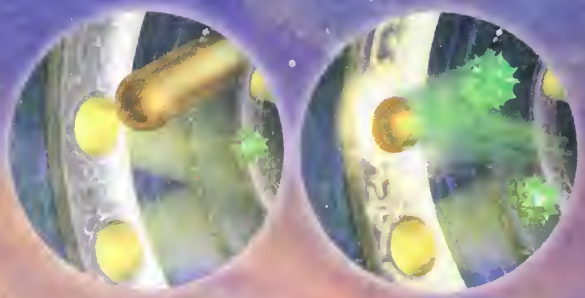
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CLARINEX®
(desloratadine)
TABLETS

Brief Summary (For full Prescribing Information, see package insert.)

INDICATIONS AND USAGE: Allergic Rhinitis: CLARINEX Tablets 5 mg are indicated for the relief of the nasal and non-nasal symptoms of allergic rhinitis (seasonal and perennial) in patients 12 years of age and older.

Chronic Idiopathic Urticaria: CLARINEX Tablets are indicated for the symptomatic relief of pruritus, reduction in the number of hives, and size of hives, in patients with chronic idiopathic urticaria 12 years of age and older.

CONTRAINDICATIONS: CLARINEX Tablets 5 mg are contraindicated in patients who are hypersensitive to this medication or to any of its ingredients, or to loratadine.

PRECAUTIONS: Carcinogenesis, Mutagenesis, Impairment of Fertility: The carcinogenic potential of desloratadine was assessed using loratadine studies. In an 18-month study in mice and a 2-year study in rats, loratadine was administered in the diet at doses up to 40 mg/kg/day in mice (estimated desloratadine and desloratadine metabolite exposures were approximately 3 times the AUC in humans at the recommended daily oral dose) and 25 mg/kg/day in rats (estimated desloratadine and desloratadine metabolite exposures were approximately 30 times the AUC in humans at the recommended daily oral dose). Male mice given 40 mg/kg/day loratadine had a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) than concurrent controls. In rats, a significantly higher incidence of hepatocellular tumors (combined adenomas and carcinomas) was observed in males given 10 mg/kg/day and in males and females given 25 mg/kg/day. The estimated desloratadine and desloratadine metabolite exposures of rats given 10 mg/kg of loratadine were approximately 7 times the AUC in humans at the recommended daily oral dose. The clinical significance of these findings during long-term use of desloratadine is not known.

In genotoxicity studies with desloratadine, there was no evidence of genotoxic potential in a reverse mutation assay (*Salmonella/E. coli* mammalian microsome bacterial mutagenicity assay) or in two assays for chromosomal aberrations (human peripheral blood lymphocyte clastogenicity assay and mouse bone marrow micronucleus assay).

There was no effect on female fertility in rats at desloratadine doses up to 24 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 130 times the AUC in humans at the recommended daily oral dose). A male specific decrease in fertility, demonstrated by reduced female conception rates, decreased sperm numbers and motility, and histopathologic testicular changes, occurred at an oral desloratadine dose of 12 mg/kg in rats (estimated desloratadine exposures were approximately 45 times the AUC in humans at the recommended daily oral dose). Desloratadine had no effect on fertility in rats at an oral dose of 3 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 8 times the AUC in humans at the recommended daily oral dose).

Pregnancy Category C: Desloratadine was not teratogenic in rats at doses up to 48 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 210 times the AUC in humans at the recommended daily oral dose) or in rabbits at doses up to 60 mg/kg/day (estimated desloratadine exposures were approximately 230 times the AUC in humans at the recommended daily oral dose). In a separate study, an increase in preimplantation loss and a decreased number of implantations and fetuses were noted in female rats at 24 mg/kg (estimated desloratadine and desloratadine metabolite exposures were approximately 120 times the AUC in humans at the recommended daily oral dose). Reduced body weight and slow righting reflex were reported in pups at doses of 9 mg/kg/day or greater (estimated desloratadine and desloratadine metabolite exposures were approximately 50 times or greater than the AUC in humans at the recommended daily oral dose). Desloratadine had no effect on pup development at an oral dose of 3 mg/kg/day (estimated desloratadine and desloratadine metabolite exposures were approximately 7 times the AUC in humans at the recommended daily oral dose). There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, desloratadine should be used during pregnancy only if clearly needed.

Nursing Mothers: Desloratadine passes into breast milk, therefore a decision should be made whether to discontinue nursing or to discontinue desloratadine, taking into account the importance of the drug to the mother.

Pediatric Use: The safety and effectiveness of CLARINEX Tablets in pediatric patients under 12 years of age have not been established.

Geriatric Use: Clinical studies of desloratadine did not include sufficient numbers of subjects aged 65 and over to determine whether they respond differently from younger subjects. Other reported clinical experience has not identified differences between the elderly and younger patients. In general, dose selection for an elderly patient should be cautious, reflecting the greater frequency of decreased hepatic, renal, or cardiac function, and of concomitant disease or other drug therapy. (see **CLINICAL PHARMACOLOGY – Special Populations**).

Information for Patients: Patients should be instructed to use CLA Tablets as directed. As there are no food effects on bioavailability, pa can be instructed that CLARINEX Tablets may be taken without reg meals. Patients should be advised not to increase the dose or dosir quency as studies have not demonstrated increased effectiveness at doses and somnolence may occur.

ADVERSE REACTIONS: Allergic Rhinitis: In multiple-dose placeb trolled trials, 2,834 patients received CLARINEX Tablets at doses of 2.5 20 mg daily, of whom 1,655 patients received the recommended dail of 5 mg. In patients receiving 5 mg daily, the rate of adverse events wa ilar between CLARINEX and placebo-treated patients. The percent of p who withdrew prematurely due to adverse events was 2.4% in the CLA group and 2.6% in the placebo group. There were no serious adverse in these trials in patients receiving desloratadine. All adverse events tha reported by greater than or equal to 2% of patients who received the r mended daily dose of CLARINEX Tablets (5.0 mg once-daily), and tha more common with CLARINEX Tablet than placebo, are listed in Table

Table 5

Incidence of Adverse Events Reported by ≥ 2% of Allergic Rhiniti Patients in Placebo-Controlled, Multiple-Dose Clinical Trials

Adverse Experience	CLARINEX Tablets 5 mg (n=1,655)	Placel (n=1,6
Pharyngitis	4.1%	2.0%
Dry Mouth	3.0%	1.9%
Myalgia	2.1%	1.8%
Fatigue	2.1%	1.2%
Somnolence	2.1%	1.8%
Dysmenorrhea	2.1%	1.6%

The frequency and magnitude of laboratory and electrocardiographic malities were similar in CLARINEX and placebo-treated patients.

There were no differences in adverse events for subgroups of pati defined by gender, age, or race.

Chronic Idiopathic Urticaria: In multiple-dose, placebo-controlled t chronic idiopathic urticaria, 211 patients received CLARINEX Tablets a received placebo. Adverse events that were reported by greater than o to 2% of patients who received CLARINEX Tablets and that were mor mon with CLARINEX than placebo were (rates for CLARINEX and p respectively): headache (14%, 13%), nausea (5%, 2%), fatigue (5% dizziness (4%, 3%), pharyngitis (3%, 2%), dyspepsia (3%, 1%), and (3%, 1%).

The following spontaneous adverse events have been reported dur marketing of desloratadine: tachycardia, and rarely hypersensitivity re (such as rash, pruritus, urticaria, edema, dyspnea, and anaphylaxis), a vated liver enzymes including bilirubin.

DRUG ABUSE AND DEPENDENCE: There is no information to indica abuse or dependency occurs with CLARINEX Tablets.

OVERDOSAGE: Information regarding acute overdosage is limited to ence from clinical trials conducted during the development CLARINEX product. In a dose ranging trial, at doses of 10 mg and 20 somnolence was reported.

Single daily doses of 45 mg were given to normal male and female teers for 10 days. All ECGs obtained in this study were manually re blinded fashion by a cardiologist. In CLARINEX-treated subjects, there increase in mean heart rate of 9.2 bpm relative to placebo. The QT was corrected for heart rate (QT_c) by both the Bazett and Fridericia m Using the QT_c (Bazett) there was a mean increase of 8.1 msec in CLA treated subjects relative to placebo. Using QT_c (Fridericia) there was increase of 0.4 msec in CLARINEX-treated subjects relative to place clinically relevant adverse events were reported.

In the event of overdose, consider standard measures to remove an sorbed drug. Symptomatic and supportive treatment is recomn Desloratadine and 3-hydroxydesloratadine are not eliminated by hemo

Lethality occurred in rats at oral doses of 250 mg/kg or greater (es desloratadine and desloratadine metabolite exposures were appro 120 times the AUC in humans at the recommended daily oral dose). median lethal dose in mice was 353 mg/kg (estimated desloratadin sures were approximately 290 times the human daily oral dose on a basis). No deaths occurred at oral doses up to 250 mg/kg in monke mated desloratadine exposures were approximately 810 times the daily oral dose on a mg/m^2 basis).

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2/02 **2388211**

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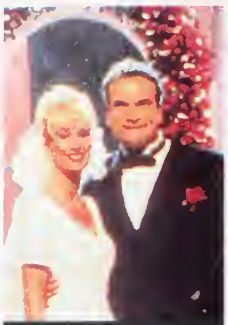
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The new I do

EVERYBODY LOVES A WEDDING, ESPECIALLY THIS MONTH (more than 10 percent of the 2.4 million U.S. couples who decide to tie the knot annually choose June, more than any other month save September). And with the average celebration now costing about $19,000, it's more economical, at least, to get excited about affairs other than our own. TV, especially, is responding (see right): Come November, *General Hospital*'s mega couple, Luke and Laura, will be goin' to the chapel again—their 1981 nuptials drew a record 30 million viewers. NBC has put wedding bells into prime time on *Friends* and *Providence* and has staged an interactive wedding on *Today* for the past two summers. But Fox hasn't had the same success: Its *Who Wants to Marry a Multi-Millionaire?* left bride Darva Conger saying, "I don't."


Who Wants to Marry a Multi-Millionaire?


General Hospital's Luke and Laura


Friends' Chandler and Monica


Robbie and Tina on *Providence*


"*Today* Throws a Wedding"



Big day disasters

"After my wedding, I took my dress to the dry cleaners to be preserved. I loved it so much that when I got it back, I just had to open the box and take another peek. So imagine my surprise when I discovered it wasn't my dress! The cleaners had made a look-alike because they had ruined mine!"

—Janeen, Hoboken, New Jersey

"When my cousin's photographer failed to show, my husband offered to step in with the 35 mm camera we had brought with us. She was thrilled, and he took tons of pictures. But sadly, only silly candids turned out; all the important moments were lost."

—LuAnn, Florence, Kentucky

LHJ poll

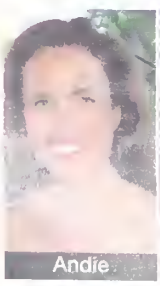
55% of respondents say their wedding day was the happiest day of their lives

52% say their wedding dress is a smaller size than they are now

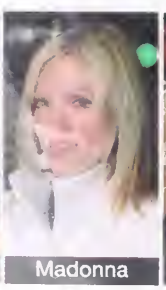
12% say they were so tense on their wedding day that they couldn't enjoy it

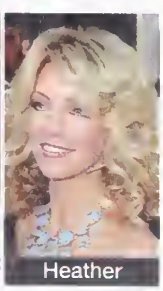
33% say that if they could change one thing about their wedding, they would have invited more guests

26% say they attended two weddings in the last year alone


Andie


Brooke


Madonna


Heather

Once ...and again

For some celebs, marriage *is* better the second time around. Among those making room for new grooms: Andie MacDowell married high-school sweetheart Rhett Hartzog last November. Heather Locklear traded rocker Tommy Lee for Bon Jovi's Richie Sambora in 1995. Brooke Shields said the love affair with Andre Agassi was over in 1999; sitcom writer Chris Henchy proved a better match last year. Madonna's second trip down the aisle was with Guy Richie in 2000.



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Affairs to remember







Clockwise from top: Celine Dion and René Angélil; Michael Douglas and Catherine Zeta-Jones; J. Lo and Cris Judd; Princess Diana and Prince Charles; and Brad Pitt and Jennifer Aniston





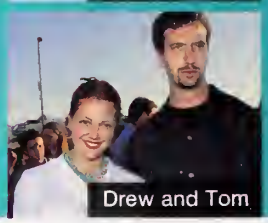
The pairing up of our favorite stars. The fairy-tale fetes that only they can afford. Whatever it is about celebrity weddings, they never fail to capture our attention. We marveled at how Celine Dion could possibly support a 20-pound tiara on her head (isn't such a headpiece a head*ache* waiting to happen?). We imagined ourselves among the 350 guests at Manhattan's Plaza Hotel for Michael Douglas and Catherine Zeta-Jones' $1.5 million trip down the aisle in December 2000. We ate up every detail of Jennifer Aniston's wedding to Brad Pitt, including their customized, comedic vows (and that their security firm was later employed by Jennifer Lopez). And no one will ever forget the crowning of a new princess bride in July 1981 that set Lady Diana Spencer up for a lifetime in the spotlight—with and without her prince.

Don't blink

Some stars' marriages aren't much longer than their weddings. Despite a five-year courtship, Helen Hunt and Hank Azaria's bliss lasted only a year. And after a mere 163 days as husband and wife, comedian Tom Green announced that his union with Drew Barrymore was not so perfect after all.



Helen and Hank



Drew and Tom

Wacky weddings

Elvis is still alive and well—as an officiant for Las Vegas weddings, at least (it's said that nearly 100,000 couples say "I do" in Sin City each year). And why stop with The King? Madame Tussaud's Vegas museum now offers ceremonies among its waxen celebs. "Cher" is never too busy to attend.



Q&A The wedding planner



We asked Carley Roney, editor-in-chief and co-founder of the bridal Web site theknot.com, to let us in on the latest wedding trends.

What's hot right now?

Couples are looking for ways to make their wedding different, unique and memorable. For ceremonies, writing your own vows is all the rage. The other big thing is incorporating some sort of ethnic tradition. Mixed-gender attendants—like your brother standing up as one of your "bridesmaids"—are also big.

Is the Internet playing a role?

Couples are doing a ton of their planning on the net, and grooms are getting more involved, partly because their money is on the line. The good thing about the Web is it lets them plan incognito.

What other trends are you seeing?

Everybody wants photojournalistic wedding photography now. Destination weddings are popular. Because nobody lives in their hometown, people are picking an entirely different site in which to get married.

To what extent are high-profile weddings influencing us?

A lot. It's kind of ironic: At the same time everyone is really interested in making their wedding more personal, they're also looking to celebrities for ideas. But what's nice about it is it's also opening up people's minds to things that are a little more daring, because celebrities are often more willing to do something different.

REPORTED BY JENNIFER HOPPE

here's to one more good reason to

pucker up



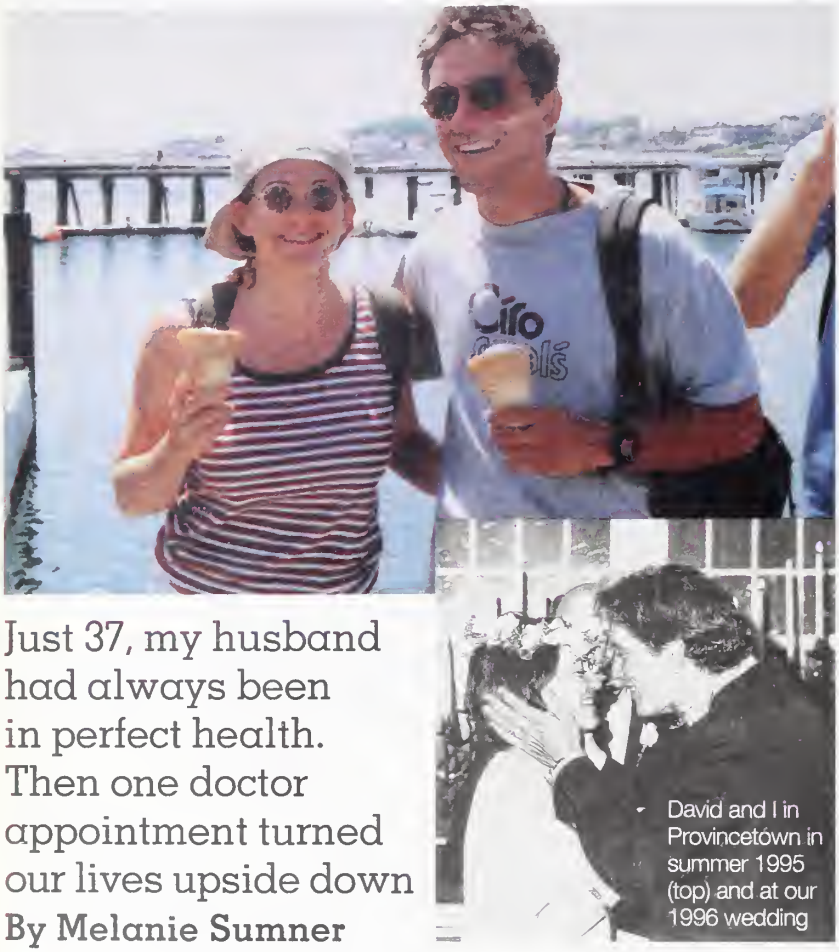
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Slipping away



David and I in Provincetown in summer 1995 (top) and at our 1996 wedding

Just 37, my husband had always been in perfect health. Then one doctor appointment turned our lives upside down

By Melanie Sumner

If I could make a man, I would create David Marr, and if I had one wish, I would ask that he not die so young. In May 2000, my husband went to the doctor, complaining of numbness in his left hand, and was immediately diagnosed with the terminal illness Amyotrophic Lateral Sclerosis (ALS), or Lou Gehrig's disease. His hand had been numb, sporadically, all winter, but we both attributed this to the fact that he was driving long distances to work through northern New Mexico. Both of us had always been in excellent health, and I was surprised that David, who had trouble keeping a yearly dental appointment, would actually call a doctor.

David was a renegade: tough and lean, ruggedly handsome, fiercely independent. In the six years I had known and loved him, he never asked for help from anyone. The "convertible" he drove through the snow to his job as a special-ed teacher at Hacienda Valmora, a school for youth-at-risk, was a do-it-yourself project: One day, he'd taken a handsaw and whipped the top off our '88 Isuzu Trooper. He then painted the car lemon yellow and added a purple stripe. The teenagers at Hacienda Valmora ran off most of their teachers in a matter of weeks, but David earned their respect and love. "My thugs," he called them. On weekends, he took them on arduous hikes over the desert mountain, or skiing down black diamond slopes.

David and I met in Provincetown, Massachusetts, the funky beach resort at the tip of Cape Cod. It was late spring, and when I first saw him on the cold, empty street I said to myself, "If I were to marry a man, it would be him." Then I turned away. I did not know he had been watching me since Christmas and had once followed me home.

One day, we said "hello" and then spent the afternoon at a coffee shop, talking and laughing, falling in love. I was a writer; he was a chef. We were both expatriates of the deep South. He bought me a wedding ring that week and hid it for nine months until he asked me, on the phone, to marry him.

By then I had left Provincetown and was teaching creative writing at the University of North Carolina, Chapel Hill, crazy with love for this man on the Cape. He was gorgeous (women were always telling me, with sidelong glances, "Your husband is so handsome . . ."), brilliant (he read everything, played the saxophone, sketched in charcoal, took machines apart and put them back together with his eyes closed), passionate and deeply sensitive. He loved my dog.

He was also fearless. We rode 40 miles on bikes to get our wedding license and jumped out of an airplane right after we were married. Then he said, "Let's go out West," so we quit our jobs, sold our stuff and moved to . . . Alaska. We lived there, sometimes at an outpost a hundred miles from the nearest person, until shortly after our daughter, Zoe, was born in 1997, and then we headed down to *(continued)*



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(continued) Taos, New Mexico, for some sunshine.

Three years later, at the age of 37, David was given his death sentence. "So I'm toast," he replied when the doctor diagnosed him with ALS, and both of them cried. ALS is diagnosed in one out of 50,000 people worldwide, and about 5,000 new cases are reported annually in the U.S. A neurodegenerative disease that affects twice as many men as women, ALS usually strikes people in their mid-50s, but patients between the ages of 18 and 80 also have been diagnosed. Rarely genetic, ALS is characterized by dying motor neuron cells in the brain and in the spine. As the disease progresses, the nerve cells that run from the top of the brain to the spinal cord and from the spinal cord to the limbs progressively deteriorate, eventually leaving the patient paralyzed. The symptoms of ALS are similar to those of multiple sclerosis, but there's one big difference: People with MS may live for decades; those with ALS usually die within two to five years of diagnosis.

Shortly after David was diagnosed, he began to fall down. I was shocked when he stumbled over a fence carrying Zoe. I had seen David climb everything from Mount Washington to frozen waterfalls in Alaska—sometimes with our 70-pound chocolate Lab, Sadie, slung over his shoulders like a lamb—without ever missing a step. Zoe remembers that fall as "when Daddy got sick." She always believed that David would get well. David did, too. He spent the summer researching his disease on the Internet, and in the fall, rather than return to work, he began treatment for Lyme disease.

The symptoms for ALS and Lyme disease are similar, and although David didn't have the full backing of any professional, our family doctor in Taos, whom we began to call Larry, prescribed the necessary antibiotics in hope of a miracle. "If it won't kill you, we'll try it," said Larry. David took a round of oral antibiotics, including doxycycline, amoxicillin and flagyl. He also saw a slew of alternative healers who offered various diets and vitamins that didn't produce any noticeable results.

In the autumn of 2000, David's voice began to slur, making it difficult for him to answer the phone, much less play his sax, and the falls became more frequent. Only now he was unable to throw out his hands to catch himself, and he often had cuts and bruises on his face. It took several minutes for him to raise himself off the floor, but he refused help. No matter how hard I tried not to cry out when I heard the awful thump in the house, I did, and it caused Zoe to wail pitifully.



A November 2000 car accident caused more problems

"So I'm toast," David said, after hearing his diagnosis, and he and his doctor cried

In the meantime, I became the manager of an impossible financial situation. In order to receive disability benefits, David had to be unemployed for six months, leaving us with just my salary as a part-time English instructor at the University of New Mexico. It seemed ironic that when a man became too sick to earn a living, the cost of his health-insurance premiums doubled, and cruel that after a year, his coverage disappeared entirely, but this is what happened. I made a few stabs at applying for full-time jobs, but my hours were already packed. In addition to raising Zoe and teaching, I was revising my novel, *The School of Beauty and Charm*, under a publication deadline. I spent the remaining hours of the day scrambling for insurance, Medicare and Social Security benefits. David had always done his share of housework, shopping and child care, so as he grew weaker, my work at home doubled. Somehow, we scraped by with financial help from our families and from organizations that offer emergency funds for writers.

David's best friend, Costas Corytsas, knew of our financial straits, and, in November, he orchestrated a benefit in Vermont, where he lived. David insisted on driving by himself, instead of flying with Zoe and me. He loved to drive and said this might be his last road trip. He brought our friend Cleveland Storrs with him on his way home, and tragedy hit. When Cleveland fell asleep at the wheel outside of Kansas City, our SUV flipped across the interstate. Upon arrival at the emergency room, David was pronounced "dead on the table," but the surgeon operated anyway. David's seat belt had seriously damaged several internal organs, and his left lung had collapsed.

Back in Taos, my *(continued)*

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BAUSCH & LOMB

See the wonder

friend Sue Brazil whisked Zoe and me onto an airplane and hand-delivered us to the ICU. David was barely breathing, but when I sat Zoe beside him on the hospital bed, he said, "I will live," and he did. Two weeks later, he came home.

Zoe was brave. She struggled through a small child's fragmented sense of the world to grasp her father's condition. On the way to the hospital in Kansas City, I told her, "Daddy had an accident." Zoe, who had recently mastered the potty, nodded and said, "He should have worn a diaper." But when she saw him on that bed, wrapped up in tubes, with machines hissing all around his head, she did not hesitate to lift his hand and kiss it.

David lost 20 pounds in the hospital, and he continued to lose weight at home because he had difficulty swallowing. For several months he survived on cheese grits and protein drinks. From the car accident, he had a broken collarbone and several broken ribs, which caused him intense pain. He dreaded leg braces, but when he was fitted for them, he chose the most colorful ones he could find and wore his Teva sandals with them. He continued to research Lyme disease while spending time with his new friends on alschat.com. Even though the left side of his body was quickly becoming paralyzed, he insisted on driving himself to doctor appointments in the convertible, which he'd named "the Lemon Peel," and he forced himself to walk, no matter how slowly, half a mile a day. He washed the dishes with one hand and taught Zoe how to climb into his lap without his assistance.

In June 2001, David talked Larry into giving him a radical treatment for Lyme disease, a six-week course of intravenous injections of the antibiotic ceftriaxone. After one week, we saw positive results. Suddenly, David could lift both arms over his head, walk without a brace, and whistle. He changed the oil in the Lemon Peel. We were ecstatic. Here was our miracle! We'd suffered through this agony for a spiritual purpose, and now, thank God, it was going to end, leaving us stronger, better people. David bought a 1974 BMW motorcycle, dubbing it "wheelchair," and we agreed to h another baby. He made plans to g law school and use his degree to treatment facilities for youth-at-r We laughed at the stuffy neurolog who had insisted he would die of A "Cautious optimism," we remin each other, but we couldn't help bu excited as we discussed our future the back porch that spring. Someti we went so far as to feel grateful the disease—a brush against death made life precious. Costas visited did Cleveland, and we camped w Zoe on the Chama River. That sa month, I found out I was pregnant.

But when the ceftriaxone treatm had run its course, David suffere sharp decline. Suddenly, his he was worse than it had ever been. choked on his food, fell even w walking with his braces and spoke der such a thick slur that most pe couldn't understand him. Neither of us dared say it: ALS. Instead, ascribed his decline to a medical c dition known as the Herxheimer Re tion. In the treatment of chronic L



ase, progress is sometimes tem-
arily interrupted by this reaction,
ch feigns relapse. We tried to re-
in stoic as the disease, whatever it
, steadily advanced. Again and
n, we spoke of the power of the
d over the body. Our love for each
r was fierce; maybe, somehow, it
strong enough to defeat death.

hen one morning, David said,
ok what happened last night," and
k out his tongue. It looked like it
melted. All of the muscles in his
y were deteriorating; his left arm
stick-thin and hung at his side as
were broken. Somehow I had fin-
d the rewrite of my book, but I had
bandon a new short story. Even
igh I wasn't teaching over the
mer, caring for David was absorb-
my time, and I knew we were go-
o need help soon.

avid and I loved Taos—we nev-
ad any intention of leaving—but
we began to discuss our op-
s. Many friends and family
ibers had offered to let us live in
homes, but we finally decided
nove to my hometown, Rome,
Georgia. Immediately upon hearing the news, my parents bought us a house, enrolled Zoe in preschool and set up doctor appointments for David. David's brothers flew out from Louisiana to load the moving truck; our friend Carol Graham agreed to drive our car to Georgia.

In August, we headed back East. Riding out of town, I watched the thin blue line of the Rio Grande snake through great desert rock under the blazing sky, smelled the sage and the piñon and wondered if we were making a mistake. David had warned me about the kind of care late-stage ALS patients require, and I had read the pamphlets, but I couldn't fathom the struggle that lay ahead.

One of the most horrific things about ALS is that it moves so suddenly, sometimes overnight. When we arrived in Rome, David was walking and talking, albeit with difficulty. One month later, after a bout in the hospital with pneumonia, he needed a feeding tube and a walker, and was under the care of a hospice. In October, the wheelchair and hospital bed arrived at our home, and by November his sentences were unintelligible and he couldn't turn over in bed. He had lost 55 pounds.

At a time when I should have been excited about the acclaim my book was receiving, my days and nights were centered on David's care: crushing medicine with a mortar and pestle and adding water so I could pour it into his feeding tube with a can of Ensure five times a day; helping him go to the bathroom; blowing his nose; lifting his arm when it fell off the chair or his chin when it fell to his chest; deciphering his words and translating for others; dressing and undressing him; and orchestrating doctor appointments, Medicare, hospice care, prescriptions and nurse visits from the ALS Association of Georgia, which also loaned us thousands of dollars worth of medical equipment. In my remaining time, I tried to answer Zoe's questions about sickness and dying, take care of my growing belly and keep up with the three classes I was teaching at a local college.

A strong team of helpers kept me going. Besides the Community Hospice of Rome *(continued on page 159)*





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Moving on

A layoff. A divorce. A fire. How to keep a loss from taking over your life

By Stacey Colino



IT TOOK JUST 48 HOURS for Joan Marti's livelihood to be swept away during the torrential Oregon floods of February 1996. "We ended up with four and a half feet of water in the farmhouses," says Marti, 36, who owns and operates a dairy farm with her husband, in Nehalem, Oregon. They lost 76 cows, and their home and personal belongings were destroyed.

Marti and her husband quickly sprung into action, with the help of generous volunteers and donations. First, they tended to the 120 surviving cows and contacted their insurance companies about the damage. Soon after, they applied for and received low-interest loans from the federal government to restart their business. Within a year, the farm was back to its original productivity. "We just handled things sequentially, revising our plan when we had to," says Marti. "That helped us get through the emotional part of it."

What the Martis did instinctively was follow the essential steps to rebuilding after a major setback, whether it be the loss of a home, a friend or even a job. "When you're dealing with any kind of loss, it's an immediate blow to your self-esteem," says Jane Greer, Ph.D., a psychotherapist in New York City and author of *Gridlock: Finding the Courage to Move on in Love, Work, and Life* (Doubleday, 2000). "Then you have to deal with all the change and the anxiety that comes with starting anew."

A loss is an immediate blow to your self-esteem

Here's how to begin the rebuilding process:

Have reasonable expectations of yourself. "The more meaningful or devastating the loss was, the more of an up-and-down recovery process you'll go through," says Arthur Nezu, Ph.D., director of the Center for Behavioral Medicine at MCP Hahnemann University, in Philadelphia. These fluctuations are natural stages of the healing process—and it helps to talk to friends and loved ones about your feelings.

Reflect on what happened. What can you learn from the experience? If you lost a job, you might think about whether you missed any warning signs. Even so, "Don't blame yourself," says Nezu, "but look honestly at what happened so you can prevent it from happening again."

Make yourself a priority. Carving out time to engage in an activity that you enjoy can help you build up your self-esteem and restore self-confidence. "Most important," says Greer, "it helps you feel more grounded and gives you a sense of security."

Count your blessings. Focus on other parts of your life that are still intact, advises Nezu. This will help you keep things in perspective and prevent your loss from coloring your entire life.

Reclaim control. "The best way to deal with the emptiness of loss is to fill it," says Greer. Thus, it's smart to devise a comeback plan. Consider what your larger goals are for moving on, then break them into smaller goals with a specific timetable.

And remember: Every small step you take toward your larger goal will help you gain momentum toward rebuilding your life. You might even come out ahead in the process. That's what happened to the Martis: This summer, they expect to realize their goal of having 500 cows on their dairy farm. ■

HERE WE GO AGAIN

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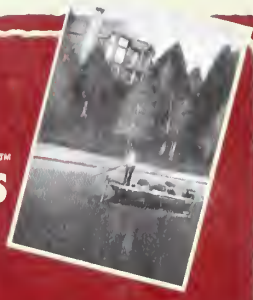


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ENTRY FORM

Summer safety alert

It's the season for sun, vacations—and, all too often, a trip to the ER. Here's how to keep your family healthy

By Meredith Franco

Summer, with all its outdoor activities, can be especially hazardous for families. Medical experts call it the "trauma season" because emergency rooms are more crowded during the months of June, July and August than any other time of year.

To keep your summer fun from being cut short, we've put together this first-aid guide for the most common warm-weather ailments.



The first-aid items no home should be without

Bee stings

THE PROBLEM: Emergency rooms treat more than 500,000 people for insect stings each year. More than 40 people die annually after being stung. Bees are attracted to bright clothing, the smell of perfumes and lotions and sweet foods and drinks.

TREATMENT: Remove the stinger by scraping it away from the skin with a credit card. (Tweezers may squeeze out more venom.) Wash the area and apply antiseptic. Calamine lotion or hydrocortisone cream will reduce irritation.



If you're not sure whether the victim is allergic, keep him under watch for several hours. If you see any signs of anaphylactic shock—dizziness, fatigue, headache, or shortness of breath—get him to a hospital immediately.

PREVENTION: Wear neutral colors, and avoid scents. Store foods and drinks in a cooler during picnics.

If your child has a history of allergic reactions, ask your physician for an Epi-kit, which includes a syringe filled with epinephrine, a hormone that prevents anaphylactic shock.

Heatstroke

THE PROBLEM: According to the U.S. Centers for Disease Control and Prevention, about 300 Americans die from heat-related illness each year. In 2000, heatstroke was the number-one summer ailment. Children and the elderly are at highest risk for the condition.

Humid days increase the chance of heatstroke because humidity slows the evaporation of sweat from the skin, preventing the body's cooling system from working. Failing to drink enough liquids adds to the risk.

TREATMENT: The first symptoms of heatstroke include fatigue, nausea and muscle cramps. Move the victim to a shady, cool place immediately, and give her water to sip. Place ice packs or cold, damp towels near her groin, under her knees and around her neck—the places where the body retains the most heat—and cool her with a fan.

The victim's condition can become critical within moments. Look for high body temperature, hot, dry skin, lack of alertness and even hallucinations. If any of these occur, call 911.

PREVENTION: Drink eight to twelve 8-ounce glasses of water a day. Keep a supply of sport drinks like Gatorade on hand. They provide vital minerals, such as sodium and potassium that the body needs to function in the heat and sun. Take frequent breaks when involved in any outdoor activity, and wear cotton fabrics and a hat.




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Seasonal allergies



THE PROBLEM: In the early and late summer, when pollen counts are at their highest, nearly 50 million people suffer from allergy attacks and asthma symptoms.

TREATMENT: In most cases, an antihistamine like Benadryl, or Sudafed, a decongestant, can soothe such allergy symptoms as runny nose, sneezing and itchy eyes for up to 8 hours. Some patients may require a prescription drug like Claritin or Allegra to relieve symptoms, or an asthma inhaler or bronchodilater for more serious cases.

PREVENTION: Stay indoors during peak pollen hours (between 5 A.M. and 10 A.M.) and on dry, windy days when the pollen and ragweed count is highest. Check local weather reports or Web sites (*www.pollen.com*) for updates. Wear a protective mask while gardening or mowing the lawn. Throw your clothes into the wash as soon as you come inside and shower immediately (to remove pollen and dust).

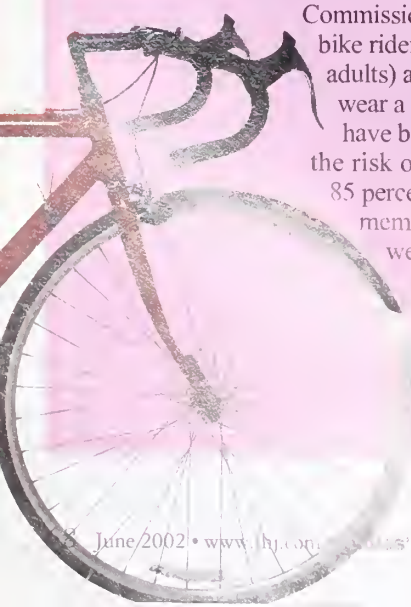
Until recently, you had to visit an allergist for a series of tests in order to find out what substances you are allergic to, but now many physicians are offering tests like Immunocap, a one-time blood test that provides the same information. To find out more, log on to *www.isitallergy.com*.

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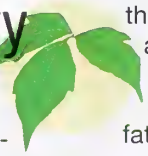
THE PROBLEM: Each year, nearly half a million children are treated in emergency rooms for bicycle and inline skating–related injuries, including lacerations, abrasions, broken bones and head wounds or concussions.

TREATMENT: For minor cuts or abrasions, cleanse with soap and water, apply antiseptic and cover with a bandage. If bleeding won't stop after 10 minutes or the cut appears as though it won't close easily, it may need stitches. If a bone appears to be broken, get the victim to the hospital immediately. In the case of a head injury, call 911 and keep the victim still until help arrives.

PREVENTION: In a recent study by the U.S. Consumer Product Safety Commission, 43 percent of all bike riders (both kids and adults) admitted they didn't wear a helmet. Helmets have been shown to reduce the risk of head injury by 85 percent. Insist that every member of your family wear a bike helmet; it should fit snugly and sit flat on the head. And always wear wrist, elbow and knee pads.



Poison ivy



THE PROBLEM: Poison ivy and its relatives cause severe rashes in nearly 50 million Americans each year. The active part of the ivy's oil, the Rhus antigen, spreads easily.

TREATMENT: Wash all affected areas with soap and water immediately. The oil remains active for weeks after contact, so wash your clothing—and anything else the plant touched. To soothe itching, use cortisone cream or calamine lotion.

PREVENTION: Learn to identify the three-leafed plant (pictured above). Wear long sleeves and pants when gardening or camping. Apply a barrier cream like IvyBlock on exposed areas.

TICKS



The deer tick (shown magnified and in different stages) is no bigger than a pinhead

THE PROBLEM: Ticks can transmit Lyme disease, which strikes 15,000 Americans each year. The culprit: the deer tick, which is no bigger than a pinhead and inhabits woody or grassy areas.

TREATMENT: Remove the tick with tweezers. Tug firmly but gently near its head, but take care not to crush it. Cleanse the bite and apply antiseptic ointment. If you have flu-like symptoms—fever and fatigue accompanied by aching muscles—or if you develop a rash that grows larger over a few days, see your doctor for a Lyme disease test. If caught early, antibiotics can wipe it out.

PREVENTION: Wear long-sleeved shirts and pants (they should fit tight around ankles and wrists) when in grassy or wooded areas. Use insect repellent containing DEET (on children, use products with less than 10 percent of the chemical; avoid DEET completely if you're pregnant). To keep ticks out of your yard, cut grass low and remove wood piles.

Sources consulted for this article: Ronald Davis, M.D., a spokesperson for the American Medical Association; Michael Carius, M.D., president of the American College of Emergency Physicians in Dallas; David Golden, M.D., associate professor of medicine at Johns Hopkins University, in Baltimore; and James Katzel, M.D., director of the Lyme and Tick-borne Disease Clinic at the University of California, San Francisco.

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By Kristi Holl

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edits. I point out your strengths and show you how to shore up your weaknesses. Between your pushing and my pulling, you learn how to write—and how to market what you write.

I am the living proof

What I got from my instructor at the Institute changed me from a "wannabe" into a nationally published writer. While there's no guarantee that every student will have the same success, we're showered with letters like these from current and former students.

"Since graduating from your course," says Heather Klassen, Edmonds, WA, "I've sold 125 stories to magazines for children and teenagers."

"Before this, I didn't know if my work was typical or bland, or if there was even a spark of life in it," writes Kate Spanks, Maple Ridge, BC. "I now have over 30 articles published. . .."

". . .a little bird. . .has just been given freedom"

This course has helped me more than I can say," says Jody Drueding, Boston, MA. "It's as if a little bird that was locked up inside of me has just been given the freedom of the garden."

". . .I was attracted by the fact that you require an aptitude test," says Nikki Arko, Raton, NM. "Other schools sign you up as long as you have the money to pay, regardless of talent or potential."

"I'd take the course again in a heartbeat!"

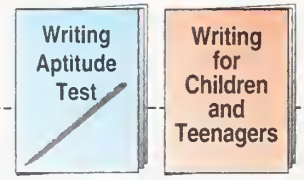
"My most recent success has been the publication of the novel I started for my last Institute assignment," writes Jennifer Jones, Homer, NY. "Thank you for giving me the life I longed for."

"I'd take the course again in a heartbeat!", says Tonya Tingey, Woodruff, UT. "It made my dream a reality."

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All pain, no gain?

The problem could be your genes

YOU PROBABLY know you've inherited certain traits from your parents, but you may not realize that your ability to get fit may be one of them. New research shows that some of us are able to achieve greater results—bigger muscles, more flexibility and stamina—for the same effort than others, at least partly because of our genes.

"There's definitely a genetic component to fitness; we just don't know what the specific genes are yet," says Peter T. Katzmarzyk, Ph.D., an associate professor of kinesiology and health science at York University, in Toronto. In a study, Katzmarzyk found that between 32 and 64 percent of changes in musculoskeletal fitness could be attributed to inherited factors.

But experts say that just because you're not genetically blessed in the fitness department, you shouldn't stop exercising. "Even if you don't get as big muscles as someone else you know, that doesn't mean exercise isn't doing you any good," says Paul D. Thompson, M.D., director of preventive cardiology at Hartford Hospital, in Hartford, Connecticut, who is conducting a study on the genetic variability of the effects of strength-training. On the contrary, experts agree that the benefits of exercise are indisputable when it comes to lowering blood pressure and the risk of heart disease, increasing bone mass and controlling weight.

One of the primary advantages of asking your family about your fitness heritage is that it can help you develop realistic goals. If you discover, for example, that endurance is not your family's strong point, you could adjust your expectations accordingly when embarking on a running program. Some experts predict that in 15 to 20 years, you'll be able to have a genetic assessment at the gym to help you tailor your workout to showcase your strengths or work on your shortcomings. "We don't know yet how much people can overcome their weaknesses," says Thompson, "but it's probably a lot."

—Stacey Colino

For the latest health news, visit www.lhj.com/healthnews

body briefs

Babies need exercise, too

Too many tots are confined for long periods of time in strollers and baby seats, says the National Association for Sport and Physical Education. In new guidelines, the group suggests that activity be encouraged from the beginning of life to develop motor skills and keep weight in check.



Better neighborhood, worse body image

A telephone survey of nearly 900 Canadian women found that those who were of average weight and lived in an affluent neighborhood had a 71 percent probability of having a negative body image, while their counterparts living in a middle-class neighborhood had a 58 percent probability.

Hope for overweight kids

Overweight children aren't necessarily destined to be overweight adults, say researchers at the University of Newcastle, in England. They studied the height and weight of people at ages 9 and 13, and then again at age 50, and found that while overweight teens were likely to become overweight adults, most fat adults were not heavy as young children. *—Dominique Andrews*


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Fight club

Jennifer Lopez (with instructor Wade Allen) trained three to four days a week for two months.

For 20 years, U.S. military and law-enforcement units have trained in Krav Maga (pronounced krahv mah-GAH), a martial arts–street fighting hybrid developed for the Israeli military in 1949. Now civilians are signing up in record numbers for Krav Maga classes to learn to protect themselves and get in shape. "It's a great workout," says Wade Allen, who trained Jennifer Lopez to use Krav Maga in her new movie *Enough*, about a battered wife who fights back. "You get all the benefits of a cardio class and actually learn a skill."

Krav Maga (Hebrew for "contact combat") classes consist of two main parts: hand-to-hand combat and self-defense. Students learn to defend themselves against hostile actions with various punches and kicks. It's a total body workout, says Allen. "When you're punching, you're working your arms, shoulders and back," he says. "When you're kicking, it's your legs. And the whole time your core body is helping you to generate power: abs, obliques, glutes—everything is working."

To find classes near you, go to *www.kravmaga.com*.

—Marisa Sandora

Dangerous dieting

We all know a friend, or a friend of a friend, who's on an extreme diet: someone who doesn't eat any fat or sugar, or a "fruitarian," who eats only raw fruit. Now there's a new term to describe this obsession with so-called healthy eating: orthorexia (Greek for "correct appetite"). Steven Bratman, M.D., author of *Health Food Junkies Orthorexia Nervosa: Overcoming the Obsession with Healthful Eating* (Broadway Books, 2000), coined the phrase after suffering for years as a self-described "extreme eater." He denied his body of basic nutrition by eating only vegetables. Although orthorexia is not yet considered an official eating disorder like anorexia, it is a growing problem, says Holly Hoff, program director at the National Eating Disorders Association. She recommends speaking with a doctor or dietitian before starting any diet so that you're sure it includes *all* the nutrients your body needs.

—Dorie Edelstein



the healers

Food for thought



Why do we eat so much more than we need to, and why do we especially love foods that make us fat? Eating-behavior expert Barbara Rolls, Ph.D., has devoted her career to finding answers in an effort to turn the swelling tide of obesity in America.

In her 30-plus years in the field, the Penn State nutrition professor has discovered how to feel full on fewer calories, proving that "low energy density" foods—foods with a lot of bulk but not a lot of calories—fill you up without filling you out. Her findings made for the best-selling book *The Volumetrics Weight-Control Plan* (HarperCollins, 2000). Rolls, 57, also did the first studies on the fat substitute Olestra and how it might affect fat intake. Other lessons from her cutting-edge research: that we don't "see" our portions, not noticing when servings are doubled, and that we gobble some 50 percent more eating with friends than when we dine solo.

Rolls is now using her findings to educate manufacturers on how to produce more nutritious on-the-go foods. "There's no reason why quick fuel can't be made healthier," says Rolls. "That's what I'm working on now, and food companies are very interested." *—Gina Shaw*



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William, the family charmer, faces tough questions about his future



Monaco's Charlotte, daughter of Princess Caroline, is a hit on the social circuit

The Princess (and Prince) diaries

Their lives are filled with glitz and glamour, but as today's young royals are discovering—nearly five years after Diana's death—it's not always easy growing up in the public eye

By Richard Kay

For the latest crop of Europe's young royals, especially William and Harry, the spotlight can beat down as fiercely as the noonday sun. Revelations earlier this year of Prince Harry's marijuana use and late-night illegal drinking dominated the news for weeks in Britain. These days, few members of the public look the other way when kids in high places get into trouble.

Harry's problems serve as a cautionary tale to several other emerging royals, in particular Queen Elizabeth's other grandchildren, the Princesses Beatrice and Eugenie, daughters of Prince Andrew and his former wife, Sarah Ferguson; Charlotte, granddaughter of the late Princess Grace of Monaco; and the Greek heiress Athina Roussel, the granddaughter of the late shipping tycoon Aristotle Onassis and the richest little girl in the world—a young woman of unofficial royal status yet with the aura that surrounds a princess.

Athina and all of her generation's children of privilege are sure to discover, if they haven't already, that the comfortable life will not necessarily be a secure one and that happiness is not guaranteed.

WHERE THERE'S A WILLS

From childhood, Prince William, who turns 20 this month, has known what his destiny would be. While he doesn't really have to fret over his grades, for example, "He wants to be seen to be achieving on his own account," says a friend. *(continued)*


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(continued) Reportedly, he'd like to do so closer to home (St. Andrews University is hours away in Scotland). He promised his dad, Prince Charles, that he'd stick it out, but don't be surprised to see him change schools. Some girls at St. Andrews say "Wills" can be slightly standoffish; intimates say he's not being rude. As he glumly told a pal recently: "Any girl who goes out with me risks having her life completely ruined." Theoretically, dating should be easier for William than it was for his dad, since he's not restricted to the aristocracy for girlfriends. But there are risks: No prince who hopes to be popular with his future subjects wants to dump, say, a secretary only to replace her with someone of higher social standing.

How will William fill the long years until he becomes king, with his own father's ascension unsure since the queen, 75, has vowed not to retire? A career in the Army is most likely. That might not make the best use of "Diana's greatest gift to the royal family," says a friend: "the looks and charm she bequeathed to her elder son."



William & Harry

William, blessed with his mother's piercing blue eyes, has grown closer to his little brother, Harry, and his father since Diana's death in 1997



HARD TIMES FOR HARRY

The sky fell in earlier this year for Harry, 17, when his father summoned him home to London from his studies at Eton for some tough talk. Months before, during the summer holiday, Charles had reprimanded his younger son for using marijuana and drinking too much. He had him visit a South London facility for addicts to, as one source puts it, "scare him silly." But now Harry was back at it, and a British tabloid had the story.

Still, there is plenty of national sympathy for Harry, who has often lived in his older brother's shadow—considered to be less attractive, smart and athletic. But that's changing. Despite early learning problems, Harry has earned some impressive grades, now skis better than William and is a more accomplished horseman. As for looks, he grows more handsome each year, and plenty of young ladies have taken notice.

Harry will spend another year at Eton and then likely go to the Royal Agricultural College at Cirencester, near Highgrove, the royal country house. (Alas, it has a reputation as a party school.) Harry is said to have told his father he's through with drugs and promised to stop drinking. He may find it hard to keep his word, since he'll be 18 in September and legally free to imbibe (his favorite drink is called a Spitfire, a potent mixture of lager and cider). As his mother once confided: "Harry is the naughty one, just like me." But Diana also believed her younger son was made of strong *(continued)*



Beatrice & Eugenie

Britain's Eugenie (above, left) chuckles with older sister, Beatrice; out with Grandma, the queen (below), who's said to be crazy about them; Andrew and Fergie (left) with her "dolls"



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(continued) stuff, saying admiringly, "Harry can adapt to anything."

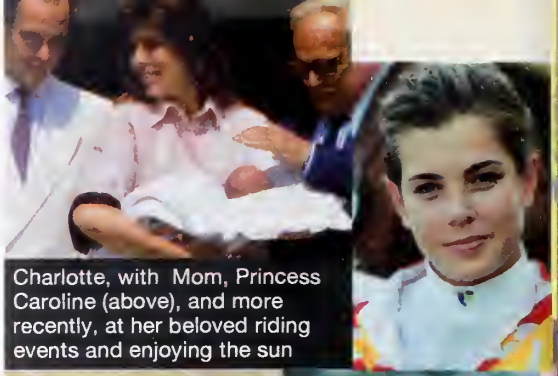
FERGIE'S GIRLS

The Princesses Beatrice and Eugenie, 13 and 12, respectively, have traveled the world with their mother, the Duchess of York and a Weight Watchers spokeswoman. (Ironically, the girls like going to McDonald's with their nanny, craftily calling each other "Jane" and "Sally" to avoid being recognized.) Fergie may have been stripped of her HRH (Her Royal Highness) title, but Beatrice and Eugenie, as granddaughters of the queen, remain Royal Highnesses. Musical and artistic, Beatrice, who would love for her parents to get back together, tends to be free-spirited like Fergie and bears a strong resemblance to her. Eugenie is more like her father, Prince Andrew—sporty and quick. The queen adores them both but cannot see as much of them as she'd like because Fergie, after almost a decade, is still a royal-family outcast, having alienated her in-laws with an open-book lifestyle and big-spending ways that got her deep into debt. Fergie's girls (my "talking dolls," as she endearingly refers to them) don't appreciate the slight—Beatrice reportedly once asked: "Mummy, why does Grandpa hate you so much?" The sisters are budding nonconformists themselves: Both have decided they don't want to follow royal tradition and go away to boarding school.

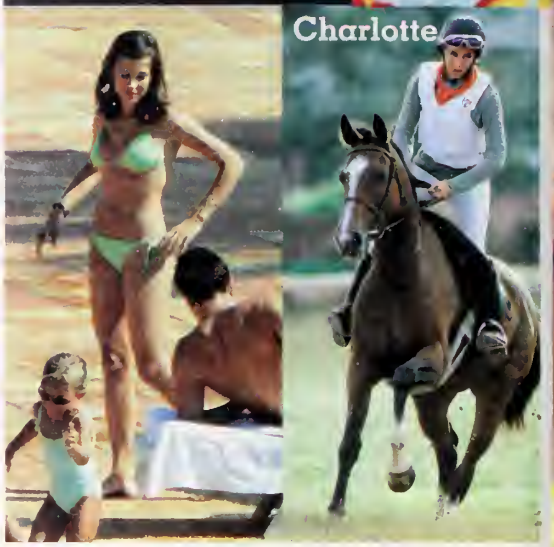


CHARLOTTE'S WEB

The second oldest of Princess Caroline's four children, Charlotte Casiraghi is the daughter of Caroline's second husband, Italian aristocrat Stefan Casiraghi. She was just 3 when Casiraghi, ever the daredevil, was killed in a powerboat crash on the French Riviera. (Charlotte's own sense of adventure can be seen in her award-winning horse show–jumping events.) She attends boarding school near the family home south of Paris but finds time, encouraged by her highly social family (her grandparents are Prince Ranier and the late Princess Grace), to attend charity functions regularly. At 15, her life seems charmed, but many are the heiresses reduced to misery by men declaring their love when all they wanted was a rich wife. Remember Princess Caroline's doomed marriage to playboy Phillippe Junot? The teenager's physical resemblance to Caroline certainly wasn't lost on the magazine *Paris Match*, which put Charlotte on its cover when she was just 12, noting how strikingly she looked like her mother at that same age. Stay tuned.



Charlotte, with Mom, Princess Caroline (above), and more recently, at her beloved riding events and enjoying the sun



LITTLE RICH GIRL

Aristotle Onassis' granddaughter Athina Roussel, isn't bona fide royalty but lives a royal's life. When she turns 18 in January, she will become the richest teenager on earth, inheriting the roughly $1 billion estate of her late mother, Christina Onassis. Christina was divorced from Athina's father, Thierry Roussel, who lost many court battles to gain more influence over his daughter's fortune. Athina lives with her father, her stepmom, her half brother and two half sisters in a Swiss village. She looks like most of her fellow schoolgirls, in her platform shoes and baggy jeans. A resident of her village describes her as "a very nice girl . . . but with an obvious worldliness." The prize-winning horsewoman (she wants to win an Olympic medal for her native Greece) has been linked romantically to an equally worldly guy: Daniel Lindberg, 20, who is the heir to a Swedish diamond fortune. ■



Onassis heiress Athina Roussel of Greece is set to become a billionaire early next year

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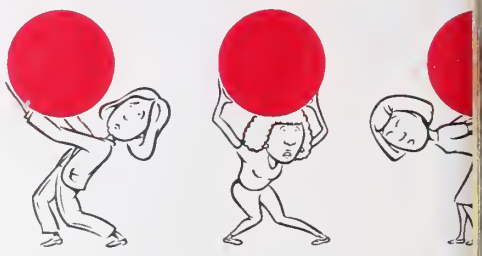
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WOMEN, FOOD AND DIETING

Women and weight

All you need to know about battling the bulge

The fat points in a woman's life ..... page 82

Seven weight-loss breakthroughs ..... page 90

Weighing in ..... page 96

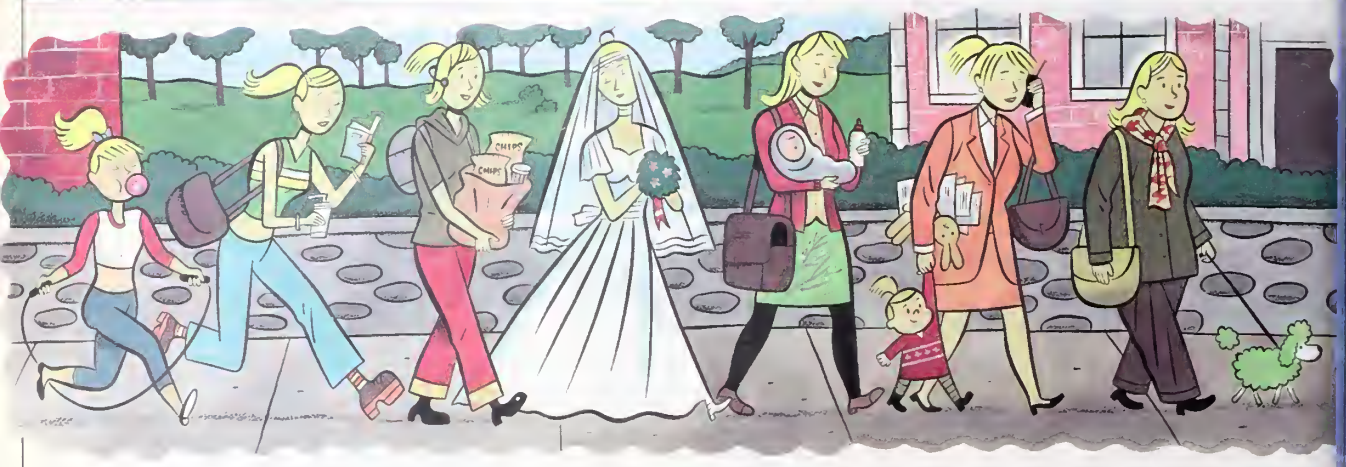
"How I lost weight—and kept it off for good" .... page 100

Do you live to eat or eat to live? ..... page 108

Call it the supersizing of America: According to a recent Harris Poll, 80 percent of adults in the U.S. over 25 are verweight, compared to 58 percent in 983. Even more alarming, over a uarter of all American adults are at ast 20 percent heavier than they hould be, which means they are obese r teetering on the brink. All those xcess pounds take a toll on more than ur self-esteem: they contribute to everything from sleep apnea and hypertension to Type 2 diabetes, heart disease and stroke, and are associated with some 300,000 deaths every year.

Women, who account for more than half of all overweight adults, are especially at risk. To some degree, nature has put us at more of a disadvantage than men, from our higher ratio of fat to muscle to the life passages of pregnancy, motherhood and menopause. In this special section on women and weight, we explain the physiological changes from puberty on that cause your body to pack on the pounds. We also reveal how you can dodge these fat traps, as well as the latest weight-loss breakthroughs. We let real women weigh in, including those who've won the war against fat—permanently. And finally, we report the surprising results of LHJ's reader survey on the role that food, glorious or otherwise, plays in our lives.





With the right strategy of diet and exercise, women don't have to morph from fit teenagers to soft-bodied moms

The **fat points** in a woman's life

Between puberty and menopause are seven dangerous stages when you're most likely to gain weight

By Sarah Mahoney

A WOMAN'S LIFE IS FULL of beautiful milestones: walking down the aisle, a brand-new baby, the promotion you worked years for. Unfortunately, we accumulate more than experience: At key passages in our lives we tend to pack on the pounds, and as we age it gets harder and harder to lose them. That's why so many American women are constantly struggling to get back to their fighting weight.

To some degree, gender and genetics are to blame. Starting in our 20s and 30s, the body loses two to three pounds of muscle each decade. Though this occurs at the same rate in men and women, since men start out with a higher percentage of muscle, the changes are less obvious. Since *(continued)*

CURVES AHEAD

critical age: 13

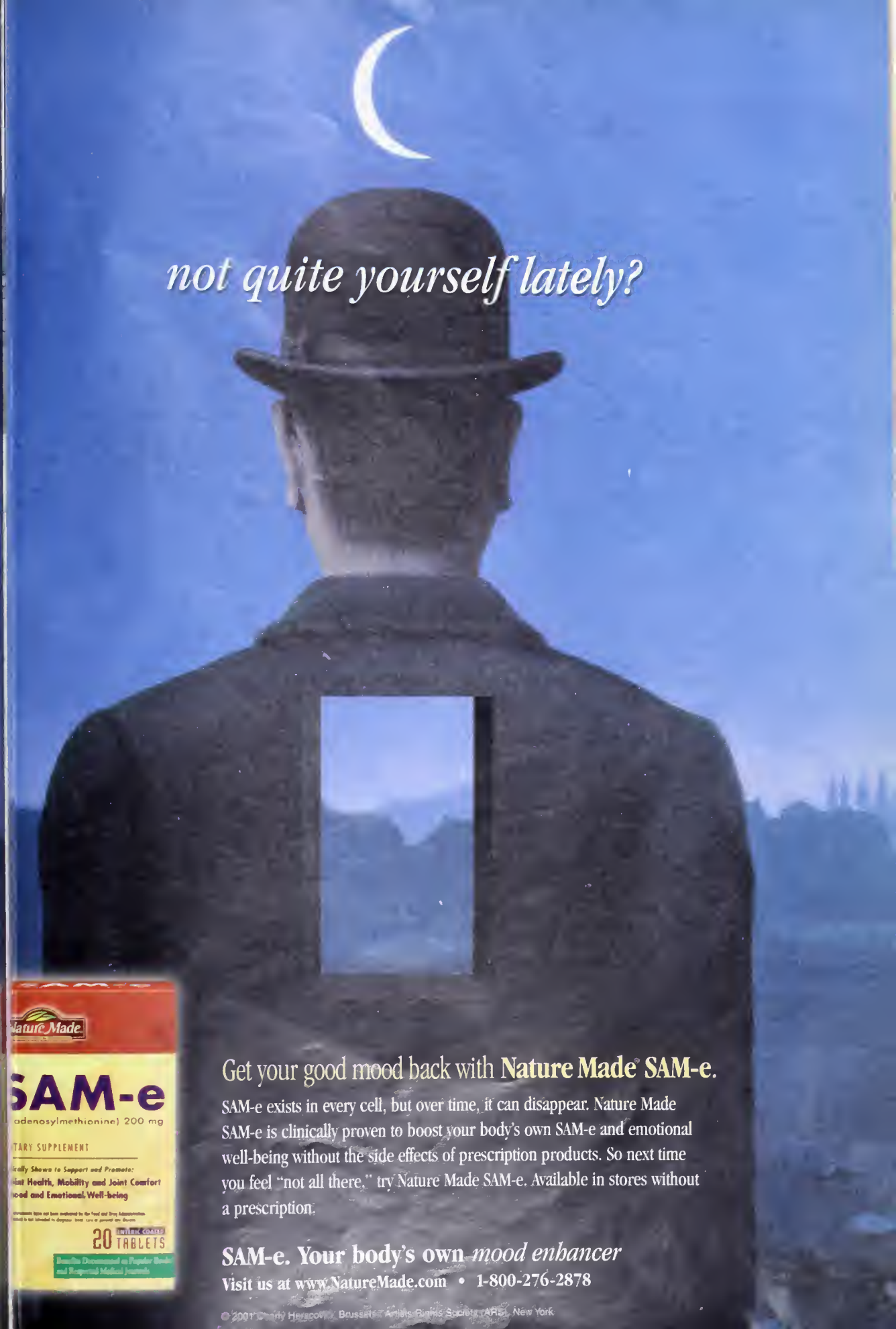


With the onset of puberty, the body revs up production of fat cells in order to create budding breasts and hips. Girls typically—and healthfully—gain about 30 pounds between ages 13 and 16.

Eat smarter: Some studies have shown subtle taste preference shifts in girls this age, turning away from the sugary candy of childhood (think Gummy Worms and jelly beans) to the high-fat sweets grown women crave (like Snickers). It's a good time to teach teens about good fat (the polyunsaturated type found in salmon and soy products) and bad (saturated ones found in meat and hydrogenated oils).

Activity R_x: Middle school means the end of recess and, for girls who aren't into team athletics, a sharp drop in activity levels. Parents should encourage girls to experiment with a variety of sports and help them find activities that can become lifelong passions.

Insider's tip: While rare, this is a pivotal period for eating disorders and distorted body perceptions to develop. Mothers can help by talking to their daughters about their rapidly changing bodies, and by looking for trouble signs like smoking, which many girls start doing to control their weight.


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WOMEN, FOOD AND DIETING

(continued) one pound of muscle burns 150 calories a day, and one pound of fat burns only three, the arithmetic becomes obvious: As we age, metabolism slows—about 3 to 4 percent each decade, according to the American College of Sports Medicine—and unless we consume fewer calories or lift weights to increase muscle mass, our weight creeps up.

Still, love handles and cottage-cheese thighs are not inevitable. "You are not destined to be obese," says Madelyn H. Fernstrom, Ph.D., director of the Weight Management Center at the University of Pittsburgh Medical Center. "People want to blame their fat cells or their parents. We have to get away from this victim mentality." In fact, "Most weight gain is behavioral, not endocrinological," says Robert Rosati, M.D., associate professor of medicine at Duke University, in Durham, North Carolina, and director of the acclaimed Rice Diet Program, which provides meals, classes and medical supervision to patients. "It's usually due to decreasing activity levels." The key is to understand how your body is changing and then adapt your diet and exercise habits—not easy, but definitely worth it. Here are the major fat traps in a woman's life—and how to avoid them.

THE FRESHMAN 15
critical age: 18



By now, most women have matured into their adult body—and if it's a healthy one, it's the target size they should maintain for life.

Eat smarter: Weight gain often occurs at this point because Mom isn't making the salads anymore. Parents should stress healthy eating and encourage their daughters to deal with emotions by talking with a friend—instead of turning to food for solace.

Activity R_X: Encourage kids to take advantage of college sports facilities and to make exercise part of their routine.

Insider's tip: Teach your daughter that maintaining this weight requires trade-offs. She can't say no to Sunday night pizza? Fine. Balance the extra calories by walking to class all week instead of riding the bus.

WORKING WEIGHT
critical age: 22



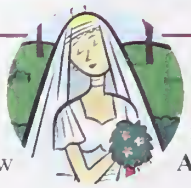
A first job usually means a more sedentary lifestyle, and stress and fatigue tend to make young women less likely to exercise. Add that to their happy-hour–driven social lives, and you've got nothing but two-for-one margaritas and fat-laden potato skins on the horizon.

Eat smarter: There's more to life than take-out: Spend time in your 20s learning to prepare healthy meals that taste great.

Activity R_X: Connect fitness to work routines, such as lunch-hour walks, says Michael Roizen, M.D., dean of the medical school of the State University of New York, in Syracuse, and author of *The Real Age Diet* (HarperCollins, 2001).

Insider's tip: To curb restaurant blowouts, Joy Bauer, a New York–based nutritionist and author of *The 90/10 Weight-Loss Plan* (St. Martins, 2001), suggests eating a healthy snack such as yogurt before meeting friends for drinks.

AFTER THE HONEYMOON
critical age: 25



In that first year of marriage, experts say, emotionally and physically bonding with your spouse is important, and sex and eating are our primary methods. While sex burns calories, it's not going to offset the fattening hazards faced by the average newlywed. Because the pressure of the wedding is over, there's a tendency to put on a few pounds. And now the bride has a partner in crime—he loves your brownies.

Eat smarter: "Now is the time women must learn portion control—you can't eat like him and not expect to put on weight," says Joy Bauer. Learn to recognize a single serving of meat (the size of a deck of cards), potatoes or pasta (a tennis ball), and monitor your fat intake.

Activity R_X: If leaving your sweetie in the kitchen while you sweat on the StairMaster seems harsh, find an activity that works for both of you, such as hiking, biking or even walking.

Insider's tip: Buy dinner plates that are 9" in diameter instead of 11" or 13", suggests Michael Roizen.



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the important Product Information about NEXIUM
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Nexium®
(esomeprazole magnesium)

Please read this summary carefully, and then ask your doctor about NEXIUM and PRILOSEC. No advertisement can provide all the information needed to prescribe a drug. This advertisement does not take the place of careful discussions with your doctor. *Only your doctor* has the training to weigh the risks and benefits of a prescription drug for you.

Nexium® *(esomeprazole magnesium)*
20-MG, 40-MG Delayed-Release Capsules

BRIEF SUMMARY Before prescribing NEXIUM, please see full Prescribing Information. **INDICATIONS AND USAGE** NEXIUM is indicated for the short-term treatment (4 to 8 weeks) in the healing and symptomatic resolution of diagnostically confirmed erosive esophagitis. **CONTRAINDICATIONS** NEXIUM is contraindicated in patients with known hypersensitivity to any component of the formulation or to substituted benzimidazoles. **PRECAUTIONS** Symptomatic response to therapy with NEXIUM does not preclude the presence of gastric malignancy. Atrophic gastritis has been noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole, of which NEXIUM is an enantiomer. **Information for Patients:** NEXIUM Delayed-Release Capsules should be taken at least one hour before meals. For patients who have difficulty swallowing capsules, one tablespoon of applesauce can be added to an empty bowl and the capsule opened, and the pellets carefully emptied onto the applesauce. The pellets should be mixed with the applesauce and then swallowed immediately. The applesauce used should not be hot and should be soft enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellet/applesauce mixture should not be stored for future use. Antacids may be used while taking NEXIUM. **DRUG INTERACTIONS** Esomeprazole is extensively metabolized in the liver by CYP2C19 and CYP3A4. *In vitro* and *in vivo* studies have shown that esomeprazole is not likely to inhibit CYPs 1A2, 2A6, 2C9, 2D6, 2E1 and 3A4. No clinically relevant interactions with drugs metabolized by these CYP enzymes would be expected. Drug interaction studies have shown that esomeprazole does not have any clinically significant interactions with phenytoin, warfarin, quinidine, clarithromycin or amoxicillin. Esomeprazole may potentially interfere with CYP2C19, the major esomeprazole-metabolizing enzyme. Coadministration of esomeprazole 30 mg and diazepam, a CYP2C19 substrate, resulted in a 45% decrease in clearance of diazepam. Increased plasma levels of diazepam were observed 12 hours after dosing and onwards. However, at that time, the plasma levels of diazepam were below the therapeutic interval, and thus this interaction is unlikely to be of clinical relevance. Coadministration of oral contraceptives, diazepam, phenytoin, or quinidine did not seem to change the pharmacokinetic profile of esomeprazole. Esomeprazole inhibits gastric acid secretion, therefore, it is theoretically possible that esomeprazole and omeprazole may interfere with absorption of drugs where gastric pH is an important determinant of their bioavailability (eg, ketoconazole, ampicillin esters, digoxin, and iron salts). **Carcinogenesis, Mutagenesis, Impairment of Fertility:** The carcinogenic potential of esomeprazole was assessed using omeprazole studies. In two 24-month carcinogenicity studies in rats, omeprazole at daily doses of 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (about 0.7 to 57 times the human dose of 20 mg/day expressed on a body surface area basis) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of this effect was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untreated rat. In addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were treated with 13.8 mg omeprazole/kg/day (about 5.6 times the human dose on a body surface area basis) for 1 year, then followed for an additional year without the drug. No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the end of 1 year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% vs 26%) but still showed more hyperplasia in the treated group. Gastric adenocarcinoma was seen in one rat (2%). No similar tumor was seen in male or female rats treated for 2 years. For this strain of rat no similar tumor has been noted historically, but a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show increased tumor occurrence, but the study was not conclusive. Esomeprazole was negative in the Ames mutation test, in the *in vivo* rat bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. Esomeprazole, however, was positive in the *in vitro* human lymphocyte chromosome aberration test. Omeprazole was positive in the *in vitro* human lymphocyte chromosome aberration test, the *in vivo* mouse bone marrow cell chromosome aberration test, and the *in vivo* mouse micronucleus test. The potential effects of esomeprazole on fertility and reproductive performance were assessed using omeprazole studies. Omeprazole at oral doses up to 138 mg/kg/day in rats (about 56 times the human dose on a body surface area basis) was found to have no effect on reproductive performance of parental animals. **Pregnancy:** *Teratogenic Effects. Pregnancy Category B* - Teratology studies have been performed in rats at oral doses up to 280 mg/kg/day (about 57 times the human dose on a body surface area basis) and in rabbits at oral doses up to 86 mg/kg/day (about 35 times the human dose on a body surface area basis) and have revealed no evidence of impaired fertility or harm to the fetus due to esomeprazole. There are, however, no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, this drug should be used during pregnancy only if clearly needed. Teratology studies conducted with omeprazole in rats at oral doses up to 138 mg/kg/day (about 56 times the human dose on a body surface area basis) and in rabbits at doses up to 69 mg/kg/day (about 56 times the human dose on a body surface area basis) did not disclose any evidence for a teratogenic potential of omeprazole. In rabbits, omeprazole in a dose range of 6.9 to 69.1 mg/kg/day (about 5.5 to 56 times the human dose on a body surface area basis) produced dose-related increases in embryo-lethality, fetal resorptions, and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal developmental toxicity were observed in offspring resulting from parents treated with omeprazole at 13.8 to 138.0 mg/kg/day (about 5.6 to 56 times the human doses on a body surface area basis). There are no adequate and well-controlled studies in pregnant women. Sporadic reports have been received of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. **Nursing Mothers:** The excretion of esomeprazole in milk has not been studied. However, omeprazole concentrations have been measured in breast milk of a woman following oral administration of 20 mg. Because esomeprazole and omeprazole are likely to be excreted in human milk, and because of the potential for serious adverse reactions in nursing infants from esomeprazole and because of the potential for tumorigenicity shown for omeprazole in rat carcinogenicity studies, a decision should be made to discontinue the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** Safety and effectiveness in pediatric patients have not been established. **Geriatric Use:** Of the total number of patients who received NEXIUM in clinical trials, 778 were 65 to 74 years of age and 124 patients were ≥ 75 years of age. No overall differences in safety and efficacy were observed between the elderly and younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and younger patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** The safety of NEXIUM was evaluated in over 10,000 patients (aged 18-84 years) in clinical trials worldwide including over 7,400 patients in the United States and over 2,600 patients in Europe and Canada. Over 2,900 patients were treated in long-term studies for up to 6-12 months. In general, NEXIUM was well tolerated in both short- and long-term clinical trials. The safety in the treatment of healing of erosive esophagitis was assessed in four randomized comparative clinical trials, which included 1,240 patients on NEXIUM 20 mg, 2,434 patients on NEXIUM 40 mg, and 3,008 patients on omeprazole 20 mg daily. The most frequently occurring adverse events (≥1%) in all three groups was headache (5.5, 5.0, and 3.8, respectively) and diarrhea (no difference among the three groups). Nausea, flatulence, abdominal pain, constipation, and dry mouth occurred at similar rates among patients taking NEXIUM or omeprazole. Additional adverse events that were reported as possibly or probably related to NEXIUM with an incidence < 1% are listed below by body system:

Body as a Whole: abdomen enlarged, allergic reaction, asthenia, back pain, chest pain, chest pain substernal, facial edema, peripheral edema, hot flushes, fatigue, fever, flu-like disorder, generalized edema, leg edema, malaise, pain, rigors; ***Cardiovascular***: flushing, hypertension, tachycardia; ***Endocrine***: goiter; ***Gastrointestinal***: bowel irregularity, constipation aggravated, dyspepsia, dysphagia, dysphasia GI epigastric pain, eructation, esophageal disorder, frequent stools, gastroenteritis, GI hemorrhage, GI symptoms NOS, hiccup, melena, mouth disorder, pharynx disorder, rectal disorder, serum gastrin increased, tongue disorder, tongue edema, ulcerative stomatitis, vomiting; ***Hearing***: earache, tinnitus; ***Hematologic***: anemia, anemia hypochromic, cervical lymphoadenopathy, epistaxis, leukocytosis, leukopenia, thrombocytopenia; ***Hepatic***: bilirubinemia, hepatic function abnormal, SGDT increased, SGPT increased; ***Metabolic/Nutritional***: glycosuria, hyperuricemia, hyponatremia, increased alkaline phosphatase, thirst, vitamin B12 deficiency, weight increase, weight decrease; ***Musculoskeletal***: arthralgia, arthritis aggravated, arthropathy, cramps, fibromyalgia syndrome, hernia, polymyalgia rheumatica; ***Nervous System/Psychiatric***: anorexia, apathy, appetite increased, confusion, depression aggravated, dizziness, hypertonia nervousness, hypoesthesia, impotence, insomnia, migraine, migraine aggravated, paresthesia, sleep disorder somnolence, tremor, vertigo visual field defect; ***Reproductive***: dysmenorrhea, menstrual disorder, vaginitis; ***Respiratory***: asthma aggravated, coughing, dyspnea, larynx edema, pharyngitis, rhinitis, sinusitis; ***Skin and Appendages***: acne, angioedema, dermatitis pruritus, pruritus ani, rash, rash erythematous, rash maculo-papular, skin inflammation, sweating increased, urticaria; ***Special Senses***: otitis media, parosmia taste loss, taste perversion; ***Urogenital***: abnormal urine, albuminuria, cystitis, dysuria, genital infection, hematuria, micturition frequency, moniliasis, genital moniliasis, polyuria; ***Visual***: conjunctivitis, vision abnormal. Endoscopic findings that were reported as adverse events include duodenitis, esophagitis, esophageal stricture, esophageal ulceration, esophageal varices, gastric ulcer, gastritis, hernia, benign polyps or nodules, Barrett's esophagus, and mucosal discoloration. Other adverse events not observed with NEXIUM but occurring with omeprazole can be found in the omeprazole package insert. **OVERDOSAGE** A single oral dose of esomeprazole at 510 mg/kg (about 103 times the human dose on a body surface area basis), was lethal to rats. The major signs of acute toxicity were reduced motor activity, changes in respiratory frequency, tremor, ataxia, and intermittent clonic convulsions. There have been no reports of overdose with esomeprazole. Reports have been received of overdosage with omeprazole in humans. Doses ranged up to 2,400 mg (120 times the usual recommended clinical dose). Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, diaphoresis, flushing, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience (see omeprazole package insert-**ADVERSE REACTIONS**). No specific antidote for esomeprazole is known. Since esomeprazole is extensively protein bound, it is not expected to be removed by dialysis. In the event of overdosage, treatment should be symptomatic and supportive. As with the management of any overdose, the possibility of multiple drug ingestion should be considered. For current information on treatment of any drug overdose, a certified Regional Poison Control Center should be contacted. Telephone numbers are listed in the Physicians' Desk Reference (PDR) or local telephone book.

Prilosec® *(omeprazole)*
20-MG Delayed-Release Capsules

BRIEF SUMMARY Before prescribing PRILOSEC, please see full Prescribing Information. **INDICATIONS AND** *Erosive Esophagitis*: PRILOSEC Delayed-Release Capsules are indicated for the short-term treatment (4-8 weeks) in the healing esophagitis, which has been diagnosed by endoscopy. **CONTRAINDICATIONS Omeprazole** PRILOSEC Delaye Capsules are contraindicated in patients with known hypersensitivity to any component of the formulation. **PRECAU** Symptomatic response to therapy with omeprazole does not preclude the presence of gastric malignancy. Atrophic gastritis noted occasionally in gastric corpus biopsies from patients treated long-term with omeprazole. **Information for Pa** PRILOSEC Delayed-Release Capsules should be taken before eating and should not be opened, chewed or crushed, and should lowed whole. For patients who have difficulty swallowing capsules, the contents of a PRILOSEC Delayed-Release Capsule can to applesauce. One tablespoon of applesauce should be added to an empty bowl and the capsule should be opened. All of the pell the capsule should be carefully emptied on the applesauce. The pellets should be mixed with the applesauce and then swallow diately with a glass of cool water to ensure complete swallowing of the pellets. The applesauce used should not be hot and shou enough to be swallowed without chewing. The pellets should not be chewed or crushed. The pellets/applesauce mixture shou stored for future use. **DRUG INTERACTIONS** *Other* Omeprazole can profong the elimination of diazepam, warfarin and p drugs that are metabolized by oxidation in the liver. Although in normal subjects no interaction with theophylline or propranolol w there have been clinical reports of interaction with other drugs metabolized via the cytochrome P-450 system (eg, cyclosporin hram, and benzodiazepines). Patients should be monitored to determine if it is necessary to adjust the dosage of these drugs w concomitantly with PRILOSEC. Omeprazole inhibits gastric acid secretion, therefore it is theoretically possible that omeprazole fere with absorption of drugs where gastric pH is an important determinant of their bioavailability (eg, ketoconazole, ampicil digoxin, and iron salts). In clinical trials, antacids were used concomitantly with the administration of PRILOSEC. **Carcinog Mutagenesis, Impairment of Fertility:** In two 24-month carcinogenicity studies in rats, omeprazole at daily d 1.7, 3.4, 13.8, 44.0 and 140.8 mg/kg/day (approximately 4 to 352 times the human dose, based on a patient weight of 50 kg and dose of 20 mg) produced gastric ECL cell carcinoids in a dose-related manner in both male and female rats; the incidence of was markedly higher in female rats, which had higher blood levels of omeprazole. Gastric carcinoids seldom occur in the untrea addition, ECL cell hyperplasia was present in all treated groups of both sexes. In one of these studies, female rats were tre 13.8 mg omeprazole/kg/day (approximately 35 times the human dose) for one year, then followed for an additional year without No carcinoids were seen in these rats. An increased incidence of treatment-related ECL cell hyperplasia was observed at the e year (94% treated vs 10% controls). By the second year the difference between treated and control rats was much smaller (46% but still showed more hyperplasia in the treated group. An unusual primary malignant tumor in the stomach was seen in one rat similar tumor was seen in male or female rats treated for two years. For this strain of rat no similar tumor has been noted histori a finding involving only one tumor is difficult to interpret. A 78-week mouse carcinogenicity study of omeprazole did not show tumor occurrence, but the study was not conclusive. Omeprazole was not mutagenic in an *in vitro* Ames *Salmonella typhimuri* an *in vitro* mouse lymphoma cell assay and an *in vivo* rat liver DNA damage assay. A mouse micronucleus test at 625 and 6250 human dose gave a borderline result, as did an in vivo bone marrow chromosome aberration test. A second mouse micronucl at 2000 times the human dose, but with different (suboptimal) sampling times, was negative. In a rat fertility and general rep performance test, omeprazole in a dose range of 13.8 to 138.0 mg/kg/day (approximately 35 to 345 times the human dose) was or deleterious to the reproductive performance of parental animals. **Pregnancy:** *Category C* - Teratology studies conducte nant rats at doses up to 138 mg/kg/day (approximately 345 times the human dose) and in pregnant rabbits at doses up to 69 m (approximately 172 times the human dose) did not disclose any evidence for a teratogenic potential of omeprazole. In rabbits zole in a dose range of 6.9 to 69.1 mg/kg/day (approximately 17 to 172 times the human dose) produced dose-related inc embryo-lethality, fetal resorptions and pregnancy disruptions. In rats, dose-related embryo/fetal toxicity and postnatal deve toxicity were observed in offspring resulting from parents treated with omeprazole 13.8 to 138.0 mg/kg/day (approxim 345 times the human dose). There are no adequate or well-controlled studies in pregnant women. Sporadic reports have be of congenital abnormalities occurring in infants born to women who have received omeprazole during pregnancy. Omeprazole used during pregnancy only if the potential benefit justifies the potential risk to the fetus. **Nursing Mothers:** It is not kn omeprazole is excreted in human milk. In rats, omeprazole administration during late gestation and lactation at doses 138 mg/kg/day (35 to 345 times the human dose) resulted in decreased weight gain in pups. Because many drugs are excreted milk, because of the potential for serious adverse reactions in nursing infants from omeprazole, and because of the potential fo genicity shown for omeprazole in rat carcinogenicity studies, a decision should be made whether to discontinue nursing or to d the drug, taking into account the importance of the drug to the mother. **Pediatric Use:** Safety and effectiveness in pediatric have not been established. **Geriatric Use:** No overall differences in safety and efficacy were observed between the e younger individuals, and other reported clinical experience has not identified differences in responses between the elderly and patients, but greater sensitivity of some older individuals cannot be ruled out. **ADVERSE REACTIONS** In the U.S. clinical t lation of 465 patients (including duodenal ulcer, Zollinger-Ellison syndrome and resistant ulcer patients), the following adver ences were reported to occur in 1% or more of patients on therapy with PRILOSEC. Numbers in parentheses indicate percenta adverse experiences considered by investigators as possibly, probably or definitely related to the drug:

	Omeprazole (n=465)	Placebo (n=64)	Ranitidine (n=19
Headache	6.9 (2.4)	6.3	7.7 (2.6)
Diarrhea	3.0 (1.9)	3.1 (1.6)	2.1 (0.5)
Abdominal Pain	2.4 (0.4)	3.1	2.1
Nausea	2.2 (0.9)	3.1	4.1 (0.5)
URI	1.9	1.6	2.6
Dizziness	1.5 (0.6)	0.0	2.6 (1.0)
Vomiting	1.5 (0.4)	4.7	1.5 (0.5)
Rash	1.5 (1.1)	0.0	0.0
Constipation	1.1 (0.9)	0.0	0.0
Cough	1.1	0.0	1.5
Asthenia	1.1 (0.2)	1.6 (1.6)	1.5 (1.0)
Back Pain	1.1	0.0	0.5

The following adverse reactions which occurred in 1% or more of omeprazole-treated patients have been reported in internation blind, and open-label clinical trials in which 2,631 patients and subjects received omeprazole and 120 patients took a placebo relationship was not assessed. The percentages are given omeprazole then placebo, respectively. *Body as a Whole*, site un Abdominal Pain 5.2% and 3.3%; Asthenia 1.3% and 0.8%. *Digestive System*: Constipation 1.5 and 0.8. Diarrhea 3.7 and 2.5; 2.7 and 5.8. Nausea 4.0 and 6.7; Vomiting 3.2 and 10.0; Acid regurgitation 1.9 and 3.3; *Nervous System/Psychiatric*: Headach 2.5. Additional adverse experiences occurring in < 1% of patients or subjects in domestic and/or inferational trials, or occur the drug was marketed, are shown below within each body system. In many instances, the relationship to PRILOSEC was und *As a Whole*. Allergic reactions, including, rarely, anaphylaxis (see also *Skin* below); fever, pain, fatigue, malaise, abdominal *Cardiovascular*: Chest pain or angina, tachycardia, bradycardia, palpitation, elevated blood pressure, peripheral edema. *Gastro* Pancreatitis (some fatal), anorexia, irritable colon, flatulence, fecal discoloration, esophageal candidiasis, mucosal atrophy of th dry mouth. During treatment with omeprazole gastric fundic gland polyps have been noted rarely. These polyps are benign and be reversible when treatment is discontinued. Gastroduodenal carcinoids have been reported in patients with ZE syndrome on l treatment with PRILOSEC. This finding is believed to be a manifestation of the underlying condition, which is known to be assoc such tumors. *Hepatic*: Mild and, rarely, marked elevations of liver function tests [ALT (SGPT), AST (SGDT), γ-glutamyl transp alkaline phosphatase, and bilirubin (jaundice)]. In rare instances, overt liver disease has occurred, including hepatocellular, cho mixed hepatitis, liver necrosis (some fatal), hepatic failure (some fatal), and hepatic encephalopathy. *Metabolic/Nutritional*: Hype hypoglycemia, weight gain. *Musculoskeletal*: Muscle cramps, myalgia, muscle weakness, joint pain, leg pain. *Nervous Psychiatric*: Psychic disturbances including depression, aggression, hallucinations, confusion, insomnia, nervousness, tremor somnolence, anxiety, dream abnormalities; vertigo; paresthesia; hemifacial dysesthesia. *Respiratory*: Epistaxis, pharyngeal p Rash and, rarely, cases of severe generalized skin reactions including toxic epidermal necrolysis (TEN; some fatal), Stevens syndrome and erythema multiforme (some severe); purpura and/or petechiae (some with rechallenge); skin inflammation, angioedema, pruritus, alopecia, dry skin, hyperhidrosis. *Special Senses*: Tinnitus, taste perversion. *Urogenital*: Interstitial nephri with positive rechallenge), urinary tract infection, microscopic pyuria, urinary frequency, elevated serum creatinine, proteinur turia, glycosuria, testicular pain, gynecomastia. *Hematologic*: Rare instances of pancytopenia, agranulocytosis (some fatal), th topenia, neutropenia, anemia, leucocytosis, and hemolytic anemia have been reported. **OVERDOSAGE** Reports have bee of overdosage with omeprazole in humans. Doses ranged up to 2400 mg (120 times the usual recommended clinic Manifestations were variable, but included confusion, drowsiness, blurred vision, tachycardia, nausea, vomiting, diaphoresis, headache, dry mouth, and other adverse reactions similar to those seen in normal clinical experience. (See ADVERSE REA Symptoms were transient, and no serious clinical outcome has been reported when PRILOSEC was taken alone. No specific an omeprazole overdosage is known. Omeprazole is extensively protein bound and is, therefore, not readily dialyzable. In the even dosage, treatment should be symptomatic and supportive

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NOTE: This summary provides important information about NEXIUM and PRILOSEC. It you would like more information, ask your doctor or pharmacist to let you read the professional labeling and then discuss it with the

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002-02 04/02

WOMEN, FOOD AND DIETING

BABY BOOM
critical ages: 26 to 35



The birth of a baby is often followed by a rude awakening: Most women end up anywhere from 10 to 40 pounds over their pre-pregnancy weight. And lack of sleep—an almost universal complaint of young mothers—can lead to overeating.

Eat smarter: Just because you're not dieting (restrictive diets during pregnancy can be dangerous), resist the temptation to stuff yourself. At your first appointment with your obstetrician, suggests Madelyn Fernstrom, go over what she considers a healthy weight gain for your body type. The American College of Obstetrics and Gynecology's general recommendation is between 25 and 35 pounds, less for women who are overweight, and less still for women who already are obese.

Keep a yoga tape handy—it'll help you get back in touch with your body

Activity R_X: If your doctor okays it, keep exercising throughout your pregnancy. But if you're like most women, returning to your workout after the baby arrives won't be easy either because of fatigue or lack of a baby-sitter. Find enough day-to-day activities—like walks with the baby or playing with your toddler in the park—to replace your old routine.

A LIFE IN FULL
critical ages: 35 to 45

It's a cruel irony that the busiest period in a woman's life—juggling the demands of school-age kids with work—is often the time our weight reaches critical mass. That slower metabolism is kicking in, and remnants of the baby weight still linger.



Eat smarter: Eat only in what Michael Roizen calls "special places," such as the dining room or breakfast nook. Avoid mindless snacking in front of the fridge, at the sink or in the car, which makes you more likely to overindulge. Enforcing the special places rule has an added bonus—discouraging your kids from falling into the habit of eating in front of the TV.

Activity R_X: This is the time to focus on weight-bearing exercise. By 35, women no longer produce more bone than they lose. Weight training not only increases muscle mass and boosts metabolism, it also strengthens bones, warding off pre-osteoporosis.

Insider's tip: Don't get obsessed with the scale. "The best weight-loss tool is an expensive pair of pants," says Fernstrom. A tight waistband will tell you it's time to start cutting back—pronto.

PERIMENOPAUSE AND BEYOND
critical ages: 45 and up



Practically all women will experience perimenopausal symptoms between 45 and 50. Lower estrogen levels can cause increased appetite, fatigue, loss of sleep and an inability to focus. After the average American woman reaches menopause at 51, she loses lean muscle mass at a significantly faster rate, increasing the likelihood of weight gain. Other changes include a tendency for body fat to shift to the tummy, creating a potbelly even in sit-up fanatics.

Eat smarter: Watch your alcohol. Studies have linked excess alcohol consumption to high blood pressure and heart disease (the American Heart Association recommends an average of one drink a day for women). Eat more good fats; they help fight everything from arthritis to high cholesterol.

Activity R_X: Connect exercise to social commitments—a standing tennis or golf game makes you far less likely to cancel than if you work out alone.

Insider's tip: Because it's unclear whether muscle loss at this stage is due to menopause or simply a factor of aging, "There's no solid evidence that replacing estrogen causes you to increase lean mass," says Wendy Kohrt, Ph.D., professor of medicine at the University of Colorado Health Sciences Center, in Denver. Commit to weight training; research has shown it builds muscle even among the elderly. ■


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WOMEN, FOOD AND DIETING

Seven weight-loss breakthroughs

These exciting developments just might put an end to the fat wars once and for all

By Richard Laliberte



AMERICANS have been fighting the battle against obesity for years—and we seem to be losing. Last December, the U.S. Surgeon General called overweight and obesity public-health problems so dangerous that they soon may cause as much disease and death as smoking.

Excess weight is linked with low levels of "good" HDL cholesterol, high blood pressure, insulin resistance and unhealthy levels of triglycerides (blood fats). "All of these represent a burden on your metabolism that comes from taking in more calories than you burn," says George Blackburn, M.D., Ph.D., associate director of the division of nutrition at Harvard Medical School. In fact, these risk factors occur with obesity so often, researchers suggest, that they all amount to a single disorder known as "metabolic syndrome"—a condition already afflicting about a quarter of U.S. adults. People with metabolic syndrome are in increased danger of developing heart disease, diabetes and other life-threatening illnesses.

With a mounting sense of urgency, researchers around the country are working to figure out why it's so hard to lose weight and what can be done about it. Here are some of the leading scientific discoveries that may help us keep the pounds off for good.

A new diet pill?

The holy grail of obesity research is a pill that would simply turn off our appetite. But because a multitude of chemical signals in the brain regulate the urge to eat, it's unlikely that one pill will ever be able to control them all. "If we had many different arrows to shoot, we might be able to combine them very effectively," says Daniele Piomelli, Ph.D., professor of pharmacology at the University of California, Irvine.

One candidate is OEA (oleylethanolamide), a natural molecule found in chocolate and other fatty foods. In a recent study published in the journal *Nature*, Piomelli and his colleagues found that giving rats OEA made them sharply reduce their food intake—presumably because they felt full—and lose weight.

Another potential treatment is a synthetic compound known as C75. When genetically obese mice were given injections of C75, their food intake was drastically decreased for at least five days. The compound also seemed to make the animals burn more calories. A C75 drug might be tested on people within three years.

ow will you take care of your gh cholesterol and heart disease?



always loved to dance. So I was thrilled when my oldest grandson wanted to follow in my steps. But before our first lesson, I had a heart attack. I needed to lower my cholesterol. Diet and rcise didn't do it—my cholesterol was still too high. So I asked my doctor about adding ZOCOR. OR is an effective medicine that along with diet and exercise can significantly lower total cholesterol. inical study among people with high cholesterol and heart disease found 42% fewer deaths from heart ck among those taking ZOCOR.[1] One tablet, taken once a day, can help people with high cholesterol heart disease live a longer, healthier life. **Important considerations:** ZOCOR is a prescription licine and isn't right for everyone, including women who are nursing or pregnant or who may become gnant, anyone with liver problems, and people who are allergic to any ingredients of ZOCOR. xplained muscle pain or weakness could be a sign of a rare but serious side effect and should be orted to your doctor right away. Your doctor may do blood tests before and during treatment with ZOCOR heck for liver problems. To avoid serious side effects, discuss with your doctor medicine or food you uld avoid while on ZOCOR (see details immediately following this ad). Ask your doctor if ZOCOR is t for you. For more information call 1-800-MERCK-75 or visit zocor.com.

se read the additional information on ZOCOR immediately following this ad. Your results may vary.
reduction based on 111/2.221 (ZOCOR) vs 189/2.223 (placebo).

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PLEASE READ THIS SUMMARY CAREFULLY, AND THEN ASK YOUR DOCTOR ABOUT ZOCOR. NO ADVERTISEMENT CAN PROVIDE ALL THE INFORMATION NEEDED TO PRESCRIBE A DRUG. THIS ADVERTISEMENT DOES NOT TAKE THE PLACE OF CAREFUL DISCUSSIONS WITH YOUR DOCTOR. ONLY YOUR DOCTOR HAS THE TRAINING TO WEIGH THE RISKS AND BENEFITS OF A PRESCRIPTION DRUG FOR YOU.

USES OF ZOCOR

ZOCOR is a prescription drug that is indicated as an addition to diet for many patients with high cholesterol when diet and exercise are inadequate. For patients with coronary heart disease (CHD) and high cholesterol, ZOCOR is indicated as an addition to diet to reduce the risk of death by reducing coronary death; to reduce the risk of heart attack; to reduce the risk for undergoing cardiac procedures (coronary artery bypass grafting and percutaneous transluminal coronary angioplasty); and to reduce the risk of stroke or transient ischemic attack (TIA).

WHEN ZOCOR SHOULD NOT BE USED

Some people should not take ZOCOR. Discuss this with your doctor.

ZOCOR should not be used by patients who are allergic to any of its ingredients. In addition to the active ingredient simvastatin, each tablet contains the following inactive ingredients: cellulose, lactose, magnesium stearate, iron oxides, talc, titanium dioxide, and starch. Butylated hydroxyanisole is added as a preservative.

Patients with liver problems: ZOCOR should not be used by patients with active liver disease or repeated blood test results indicating possible liver problems. (See WARNINGS.)

Women who are or may become pregnant: Pregnant women should not take ZOCOR because it may harm the fetus. **Women of childbearing age should not take ZOCOR unless it is highly unlikely that they will become pregnant.** If a woman does become pregnant while on ZOCOR, she should stop taking the drug and talk to her doctor at once.

Women who are breast-feeding should not take ZOCOR.

WARNINGS

Muscle: Tell your doctor right away if you experience any unexplained muscle pain, tenderness, or weakness at any time during treatment with ZOCOR so your doctor can decide if ZOCOR should be stopped. Some patients may have muscle pain or weakness while taking ZOCOR. Rarely, this can include muscle breakdown resulting in kidney damage. The risk of muscle breakdown is greater in patients taking certain other drugs along with ZOCOR, such as the lipid-lowering drug Lopid (gemfibrozil), and other fibrates; lipid-lowering doses of niacin (nicotinic acid); Sandimmune (cyclosporine); itraconazole, ketoconazole, and other azole antifungal drugs; the antibiotics erythromycin and clarithromycin; HIV protease inhibitors; the antidepressant nefazodone; and the calcium channel blocker verapamil. Interruption of therapy with ZOCOR should be considered if you are going to take an azole antifungal medication, such as itraconazole, or macrolide antibiotics, such as erythromycin. Avoid drinking large quantities of grapefruit juice (more than one quart daily) while on ZOCOR. The risk of muscle breakdown is greater in patients with kidney problems or diabetes.

Because there are risks in combining therapy with ZOCOR with the products listed above, your doctor should caretully weigh the potential benefits and risks. He or she should also caretully monitor patients for any muscle pain, tenderness, or weakness, particularly during the initial months of therapy and if the dose of either drug is increased. Your doctor also may monitor the level of certain muscle enzymes in your body, but there is no assurance that such monitoring will prevent the occurrence of severe muscle disease.

It you have conditions that can increase your risk of muscle breakdown, which in turn can cause kidney damage, your doctor should temporarily withhold or stop ZOCOR. Also, since there are no known adverse consequences of briefly stopping therapy with ZOCOR, treatment should be stopped a few days before elective major surgery and when any major acute medical or surgical condition occurs. Discuss this with your doctor, who can explain these conditions to you.

Liver: About 1% of patients who took ZOCOR in clinical trials developed elevated levels of some liver enzymes. Patients who had these increases usually had no symptoms. Elevated liver enzymes usually returned to normal levels when therapy with ZOCOR was stopped.

In the ZOCOR Survival Study, the number of patients with more than one liver enzyme level elevation to greater than 3 times the normal upper limit was no different between the ZOCOR and placebo groups. Only 8 patients on ZOCOR and 5 on placebo discontinued therapy due to elevated liver enzyme levels. Patients were started on 20 mg of ZOCOR, and one third had their dose raised to 40 mg.

Your doctor should perform routine blood tests to check these enzymes before you start treatment with ZOCOR and periodically thereafter (for example, semiannually) for your first year of treatment or until 1 year after your last elevation in dose. Patients titrated to the 80-mg dose should receive an additional test at 3 months. If your enzyme levels increase, your doctor should order more frequent tests. If your liver enzyme levels remain unusually high, your doctor should discontinue your medication.

Tell your doctor about any liver disease you may have had in the past and about how much alcohol you consume. ZOCOR should be used with caution in patients who consume large amounts of alcohol.

PRECAUTIONS

Before starting treatment with ZOCOR, try to lower your cholesterol by other methods such as diet, exercise, and weight loss. Ask your doctor about how best to do this. Any other medical problems that can cause high cholesterol should also be treated.

Drug Interactions: Because of possible serious drug interactions, it is important to tell your doctor what other drugs you are taking, including those obtained without a prescription.

ZOCOR (simvastatin) can interact with cyclosporine (Sandimmune), itraconazole, ketoconazole, gemfibrozil, niacin, erythromycin, clarithromycin, HIV protease inhibitors, nefazodone, and verapamil.

To avoid possible serious side effects, avoid drinking large quantities of grapefruit juice (more than one quart daily) while on ZOCOR. (See WARNINGS, Muscle.)

Some patients taking lipid-lowering agents similar to ZOCOR and coumarin anticoagulants (a type of blood thinner) have experienced bleeding and/or increased blood clotting time. Patients taking these medicines should have their blood tested before starting therapy with ZOCOR and should continue to be monitored.

Central Nervous System Toxicity; Cancer, Mutations, Impairment of Fertility: Like most prescription drugs, ZOCOR was required to be tested on animals before it was marketed for human use. Often these tests were designed to achieve higher drug concentrations than humans achieve at recommended dosing. In some tests, the animals had damage to the nerves in the central nervous system. In studies of mice with high doses of ZOCOR, the likelihood of certain types of cancerous tumors increased. No evidence of mutations of or damage to genetic material has been seen. In one study with ZOCOR, there was decreased fertility in male rats.

Pregnancy: Pregnant women should not take ZOCOR because it may harm the fetus.

Safety in pregnancy has not been established. In studies with lipid-lowering agents similar to ZOCOR, there have been rare reports of birth defects of the skeleton and digestive system. Therefore, women of childbearing age should not take ZOCOR unless it is highly unlikely they will become pregnant. If a woman does become pregnant while taking ZOCOR, she should stop taking the drug and talk to her doctor at once. The active ingredient of ZOCOR did not cause birth defects in rats at 3 times the human dose or in rabbits at 3 times the human dose.

Nursing Mothers: Drugs taken by nursing mothers may be present in their breast milk. Because of the potential for serious adverse reactions in nursing infants, a woman taking ZOCOR should not breast-feed. (See WHEN ZOCOR SHOULD NOT BE USED.)

Pediatric Use: ZOCOR is not recommended for children or patients under 20 years of age.

Geriatric Use: Higher blood levels of active drug were seen in elderly patients (70-78 years of age) compared with younger patients (18-30 years of age) in one study. In other studies, the cholesterol-lowering effects of ZOCOR were at least as great in elderly patients as in younger patients, and there were no overall differences in safety between elderly and younger patients over the 20-80 mg/day dosage range.

SIDE EFFECTS

Most patients tolerate treatment with ZOCOR well; however, like all prescription drugs, ZOCOR can cause side effects, and some of them can be serious. Side effects that do occur are usually mild and short-lived. Only your doctor can weigh the risks versus the benefits of any prescription drug. In clinical studies with ZOCOR, less than 1.5% of patients dropped out of the studies because of side effects. In a large, long-term study, patients taking ZOCOR experienced similar side effects to those patients taking placebo (sugar pills). Some of the side effects that have been reported with ZOCOR or related drugs are listed below. This list is not complete. Be sure to ask your doctor about side effects before taking ZOCOR and to discuss any side effects that occur.

Digestive System: Constipation, diarrhea, upset stomach, gas, heartburn, stomach pain/cramps, anorexia, loss of appetite, nausea, inflammation of the pancreas, hepatitis, jaundice, fatty changes in the liver, and, rarely, severe liver damage and failure, cirrhosis, and liver cancer.

Muscle, Skeletal: Muscle cramps, aches, pain, and weakness; joint pain; muscle breakdown.

Nervous System: Dizziness, headache, insomnia, tingling, memory loss, damage to nerves causing weakness and/or loss of sensation and/or abnormal sensations, anxiety, depression, tremor, loss of balance, psychic disturbances.

Skin: Rash, itching, hair loss, dryness, nodules, discoloration.

Eye/Senses: Blurred vision, altered taste sensation, progression of cataracts, eye muscle weakness.

Hypersensitivity (Allergic) Reactions: On rare occasions, a wide variety of symptoms have been reported to occur either alone or together in groups (referred to as a syndrome) that appeared to be based on allergic-type reactions, which may rarely be fatal. These have included one or more of the following: a severe generalized reaction that may include shortness of breath, wheezing, digestive symptoms, and low blood pressure and even shock, an allergic reaction with swelling of the face, lips, tongue, and/or throat with difficulty swallowing or breathing; symptoms mimicking lupus (a disorder in which a person's immune system may attack parts of his or her own body); severe muscle and blood vessel inflammation, sometimes including rash; bruises; various disorders of blood cells (that could result in anemia, infection, or blood clotting problems) or abnormal blood tests; inflamed or painful joints; hives; fatigue and weakness; sensitivity to sunlight, fever, chills; flushing; difficulty breathing; and severe skin disorders that vary from rash to a serious burn-like shedding of skin all over the body, including mucous membranes such as the lining of the mouth.

Other: Loss of sexual desire, breast enlargement, impotence.

Laboratory Tests: Liver function test abnormalities including elevated alkaline phosphatase and bilirubin; thyroid function abnormalities.

NOTE: This summary provides important information about ZOCOR. If you would like more information, ask your doctor or pharmacist to let you read the complete prescribing information and then discuss it with them.

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rn on the lights—d eat less

nty years ago, Joseph Kasof, ., a lecturer and research ciate in the department of hology and social behavior at Jniversity of California, Irvine, trying to become a vegetarian, ne found himself occasionally umbing to binges. He decided ep a food diary for a few ks. "What jumped out at me was the later I was awake, the more I was to fall off the wagon," he . Thus began his fascination the connection between eating vior and light.

two recent studies of 401 nts, Kasof has found that le who prefer dining in a dimmer onment are more likely to eat. His work builds on other



Dim light, it seems, whets the appetite

es showing that people are more onscious in bright light and ore less likely to do things they ney shouldn't. "Whatever is ly illuminated gets attention," Kasof. "If you're a typical ater, you open the fridge door night without turning on the ead light, so the food gets the ght." He suggests that curbing ghttime munchies may simply natter of turning on the kitchen —and unscrewing the bulb in frigerator.



Tension makes fat gravitate to the gut

Stress goes to your waist

Stress is notorious for making people eat too much, but there may be another reason we put on pounds under pressure: Mental and emotional strain appear to stimulate production of fat in the abdomen. "Excessive accumulation of abdominal fat is closely related to metabolic diseases like diabetes and hypertension," says Hiroaki Masuzaki, M.D., Ph.D., visiting assistant professor of medicine at Harvard Medical School and Beth Israel Deaconess Medical Center.

Trying to determine why fat gravitates to the gut, Harvard researchers noted that people with Cushing's syndrome—a disorder in which the body produces too much of the stress hormone cortisol—were prone to putting on weight around the middle. The scientists genetically engineered lab mice to possess excessive amounts of an enzyme that produces cortisol in fat cells, then fed these mice a regular diet and compared them to normal mice on the same diet. Result: The altered mice gained 16 percent more weight in 15 weeks than the other ones, suggesting that this enzyme's output of cortisol is directly related to abdominal weight gain. Pharmaceutical companies are now developing drugs that will inhibit the cortisol-producing enzyme. Meanwhile, a study at Yale has found that even thin women who experience high levels of stress are prone to put on weight around the middle. Practicing some tension-busters could help you avoid the perils of a potbelly. ▶



Every cloud deserves a berry lining



Better shape with fewer workouts

Weight training keeps you lean because it builds muscle, which is denser than fat and requires more calories to maintain. A recent study suggests you can reap those benefits with just two workouts a week. Ro DiBrezzo, Ph.D., director of the human performance lab at the University of Arkansas, in Fayetteville, had one group of women exercise three times a week; another group worked out twice a week, lifting slightly lighter weights but doing six more repetitions of each exercise. After eight weeks, the twice-weekly group did almost as well as the others, boosting their strength by at least 15 percent and losing more than 2 percent of their body fat.

A BAND OF HOPE

In a desperate attempt to slim down, the clinically obese are increasingly turning to weight-loss surgery. One of the most common of these procedures is the gastric bypass, in which doctors create a small stomach pouch with surgical staples, then reroute the small intestine to bypass the duodenum, an area of the upper gut that breaks down food. But such drastic surgeries permanently change the digestive system and, in 10 to 20 percent of cases, produce complications such as abdominal hernias.

Now, a new device approved last year by the Food and Drug Administration allows doctors to cinch the stomach with a silicone band that can be installed via laparoscopic surgery and tightened, loosened or removed if problems occur. Like gastric bypass, the Lap-Band restricts the amount of food a patient can eat, but it doesn't bypass normal digestion. However, not all doctors are impressed with the device. In U.S. trials that concluded last year, patients using the Lap-Band lost 38 percent of their excess body weight—about half the typical rate for gastric bypass—and often suffered from problems such as band slippage and difficulty swallowing. According to Inamed Corporation, which makes the device, the Lap-Band has been available in Europe and Australia since 1993, giving doctors there more experience with it. To date, more than 80,000 Lap-Band procedures have been performed worldwide.

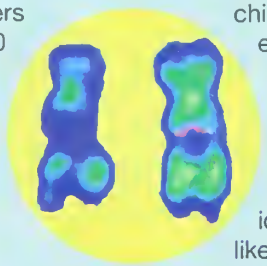
happy, get thin

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at Brookhaven National Labora-
in Upton, New York. From PET
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bese people have fewer dopamine
tors than people of normal weight.
may eat more because they need
stimulation to feel the effects of
nine," he says.
nother way to boost dopamine
is exercising, so becoming more
e can fight fat by quelling the
to binge. (Burning those extra
ies doesn't hurt, either.) "Exer-
hat's fun would boost dopamine
more," says Wang. "Next time a
l suggests meeting for coffee, go
long walk with her instead."

Finding the fat genes

For some people, obesity is a matter of nature, not overeating. Researchers estimate that 40 to 70 percent of individual traits in obesity measures, such as body-mass index and fat accumulation, are genetically based. That's why it was considered such a breakthrough back in the 1990s when scientists discovered a genetic defect that curbed production of a previously unknown appetite-regulating hormone called leptin. But it turned out that few obese people actually had this defect, and leptin-boosting drugs were largely a bust.

"Today, we know that obesity is likely to be related to multiple genes and multiple interactions between them," says Ahmed Kissebah, M.D., Ph.D., chief of the division of endocrinology, metabolism and clinical nutrition at the Medical College of Wisconsin, in Milwaukee. He and his colleagues have identified two regions likely to contain several genes on two different chromosomes that work together and seem to predispose people to obesity-related traits such as fat accumulation in the abdomen and poor use of insulin.



In the future, custom drugs may tame the genes that make you fat

"We're trying to find out exactly which genes are involved, what they do and what the pathways between them are," says Kissebah. "Eventually, we'll be able to custom-design drugs that will work with the genetic makeup of any given person." ■



WOMEN, FOOD AND DIETING



KATHLEEN
"I feel overweight, but I think I'd attract men whether I'm ten pounds thinner or not."

MARY
"Dieting has never been a major concern in my life. I love to eat."

KARI
"I'm lucky—I've never dieted. But I'm really committed to exercise."

VANESSA
"Fried foods—especially chicken, catfish and Chinese rice—are my downfall."

Weighing in

What do these four women have in common? They all tip the scales at 140 pounds, which is the weight of the average American woman. But despite their common ground, they have very different feelings about food, dieting and their bodies **By Victoria Balfour**

Kathleen Sheehan, 35, 5'7", sales and marketing consultant, New York City; single



I've weighed 140 pounds on and off since I was 21. When I graduated from college, I made it to 127 on Weight Watchers. I looked really skinny, but it took a lot of discipline and work to maintain. I developed some really unhealthy eating habits, like eating lots of veggies and popcorn but little protein. When I had a physical, my doctor advised me to eat more chicken and fish. I did, and I gradually crept up to 140 pounds.

I feel overweight. I'm self-conscious about my backside, arms and legs. I wear only black pants and don't own a single pair of jeans. I don't think I look good in them, an attitude that may be all in my head. Because I'm curvy, I try to dress in feminine clothes that flatter my figure—like knee-length skirts and empire-waist dresses.

I lift weights and do cardio four times a week, but I don't see much change in my body. I eat for emotional reasons—when I'm sad, angry, stressed—pretty often. I love Wheat Thins—sometimes I'll eat a box at one sitting. I don't get on the scale regularly because I don't want to obsess more than I already do. But this voice says, "If I was 130, life would be easier." I know it isn't true, but the voice is always there.



Does your child's
ergy medicine have
proven history of
eating indoor and
utdoor allergies?

hot, talk to their doctor
ut switching to Zyrtec.

To learn more, visit
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Unlike some allergy medicines, Zyrtec (cetirizine HCl) has a proven history of treating both year-round indoor allergies like pet dander and dust, and outdoor allergies like tree and grass pollens. In fact, doctors prescribe it to millions of people all year long.

Even better, Zyrtec can be taken by kids as young as two years. And just one dose gives 24-hour relief. Ask your child's doctor for free samples of prescription Zyrtec tablets or syrup. And for more information, call 1-800-3-ZYRTEC.

In Zyrtec studies with children, side effects were mild or moderate and included drowsiness, headache, sore throat and stomach pain. Drowsiness occurred in between 2% and 4%, depending on dose, compared to 1% taking placebo.

ZYRTEC
cetirizine HCl

Lots of allergies. Just one Zyrtec.™

ase see important information about Zyrtec 10 mg tablets and 1 mg/mL syrup on the adjacent page.

PATIENT SUMMARY OF INFORMATION ABOUT

ZYRTEC®

cetirizine hydrochloride

(Zur'-tek) (se-teer-i-zeen) (hī-drō-klōr-īd)

This summary contains important information about ZYRTEC. It is not meant to take the place of your doctor's instructions. Read this information carefully before you start taking ZYRTEC. Each time you fill your prescription, be sure to read the summary that comes with it. It could contain new information. Ask your doctor or pharmacist if you do not understand any of this information or if you want to know more about ZYRTEC.

What Is ZYRTEC?

ZYRTEC is a prescription medicine for certain types of allergies in adults and children age 2 years and older. It is an antihistamine and is available as a tablet or syrup.

When you have allergies, your body releases a natural chemical called histamine that causes the sneezing, runny nose, hives, and other symptoms of allergies. ZYRTEC helps block histamine from causing these symptoms. ZYRTEC treats:

Seasonal allergies ("outdoor allergies")

During certain times of the year, there may be high levels of pollens in the air from ragweed, grass and trees. A person allergic to any of these may develop sneezing; itchy, runny nose; and red, itchy watery eyes.

Perennial allergies ("indoor allergies")

All year long, things such as dust mites, animal dander, and molds are in the air. A person allergic to any of these may have symptoms every day such as sneezing; itchy, runny nose; postnasal drip (dripping from the nose down the back of the throat); and red, itchy eyes and tearing.

Continuing (chronic) hives

Some people may get red, itchy humps on their skin called hives. The bumps can be small or large. The cause of this type of hives is not always known. ZYRTEC helps relieve the itching of these hives and shortens the length of time they last.

What Should I Tell My Doctor Before Taking ZYRTEC?

Only your doctor can decide if ZYRTEC is right for you. Before you start ZYRTEC, be sure to tell your doctor if you:

- are taking any prescription medicines
- are taking any over-the-counter medicines you can buy without a prescription, including natural/herbal remedies
- have ever had any kidney problems or are on dialysis
- have ever had any liver problems
- are pregnant, think you might be pregnant, plan to become pregnant, or are breast-feeding
- have ever had an allergic reaction to any medicine

Who Should Not Take ZYRTEC?

People who have ever had an allergic reaction to cetirizine or any of the ingredients in ZYRTEC, or to the medicine hydroxyzine (also called Atarax®*) should not take ZYRTEC. Your doctor or pharmacist can give you a list of these ingredients.

ZYRTEC And Other Medicines

Some medicines can affect how well ZYRTEC works. While on ZYRTEC, check with your doctor or pharmacist before starting any new prescription or any medicines you can buy without a prescription, including natural/herbal remedies.

How Do I Take ZYRTEC?

ZYRTEC comes as tablets (5 mg or 10 mg) as well as a syrup (5 mg/teaspoon). ZYRTEC can be taken with or without food at any time of the day. Your doctor will prescribe the dose that is right for you.

ZYRTEC Tablets

Adults and Children 12 Years and Older: Take ZYRTEC once a day.

ZYRTEC Syrup

Use a medicine spoon to measure the exact dose of ZYRTEC syrup prescribed by your doctor.

Children 6 to 11 Years: Give ZYRTEC syrup once a day.

Children 2 to 5 Years: Depending on your child's condition, the doctor may want you to give the child the full dose once a day or half the dose twice a day. Follow your doctor's instructions.

What Are The Possible Side Effects?

Like all medicines, ZYRTEC may cause some side effects. These effects are usually mild to moderate. The most common side effects in adults and children 12 years and older are:

- feeling tired or sleepy
- dizziness
- dry mouth
- sore throat

Children under the age of 12 years may have side effects such as headache, sleepiness, sore throat or stomachache.

ZYRTEC may cause other less common side effects besides those listed here. If you want more information or develop any side effects or symptoms you are concerned about, call your doctor.

CAUTION: Some people may feel sleepy when taking ZYRTEC. Be careful doing things where you need to be alert (such as driving a car or using dangerous machinery). Do not drink alcohol or use other medicines that make you sleepy while taking ZYRTEC.

What To Do For An Overdose?

In case of accidental overdose, call your doctor or poison control center right away or go to the nearest emergency room.

How Should I Store ZYRTEC?

Store ZYRTEC tablets in a dry place and in the original container. Store at room temperature (59°-86°F or 15°-30°C). ZYRTEC syrup can be kept in the refrigerator or at room temperature (41°-86°F or 5°-30°C). Keep ZYRTEC and all medicines out of the reach of children.

For More Information About ZYRTEC

This sheet is only a summary. If you have questions or want more information about ZYRTEC, talk with your doctor, healthcare provider or pharmacist. You can also visit the ZYRTEC Internet site at www.zyrtec.com or call 1-888-244-7554.

General Advice About Prescription Medicines

Do not use ZYRTEC for a condition for which it was not prescribed. Only a doctor can prescribe ZYRTEC. Do not share your ZYRTEC with other people.

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LO1113 115 342A 19 ZY1056Z4-F Revised February 2002

Mary Salley, 34, 5'3", stay-at-home mother of one, Newtown, Connecticut



Over the past 10 years I've slowly gained 25 pounds. Then I found out I have an underactive thyroid. When my doctor put me on medication, I stopped gaining weight, but I didn't lose any. Then again, I haven't really tried. I love to eat and don't want to deprive myself. I enjoy comfort foods like roast beef, mashed potatoes and pasta. My favorite snack is chocolate ice cream. I follow the philosophy of eating what I want in moderation. So I don't diet, and I've never thought to buy a scale. I use a pair of Calvin Klein jeans as a barometer—if they're tight, I cut back on my portions.

I don't exercise, but I wish I did so I could tone up. After I had my baby last year, my body changed. I got a gut and I'm more flabby. I won't wear anything too fitted around my waist, and I wear oversize tops because I'm nursing and my chest is huge. But, in general, my weight doesn't bother me. I'm working hard as a mom, and that's more of a priority. I'm comfortable at 140, but I don't ever want to get up to 150. Psychologically, there's just something about that number that is too high.

Kari Jarmuz, 40, 5'8", stay-at-home mother of two, Kennett Square, Pennsylvania



I've never had a weight problem and never dieted. I'm lucky—it's just in my genes to have a high metabolism. I have a hearty appetite and don't deny myself. I love sour cream–and-onion potato chips. My husband travels a lot, so I often eat what kids eat—macaroni-and-cheese, hot dogs, pizza.

After I had my daughter, who's 10, I did gain weigh went hog-wild over the holidays—chowing down on petizers, chips, jalapeño poppers, Ben & Jerry's Su Fudge Crunch—and shot up to 150. I felt like I was o runaway train, and I remember dragging her along v

› the gym. I took a lot of step
s and lost the weight. Since then
eight's been steady. When I was
ant with my son, now 5, I played
into my ninth month. After he
orn, I walked and ran and played
›ecause I was impatient to lose
xtra weight. It took only two
as to get back in shape.

committed to exercise—I play
three times a week, run for a
our once or twice a week and do
t training a couple of times a
as well. I've gone down the road
nparing myself to a 20-year-old,
›w I know how to stop. "You're
" I tell myself, "and you look
good." My tummy's in shape.
feel good in a bikini. I like my
because they've got definition.
y calves are wide, so I don't like
skirts. I have an ankle-length,
nt black skirt with a slit from the
nat's my favorite. And I wish I
little bigger on top. But my hus-
is happy with my body—he
n't want me any thinner—and
l I am, too.

Vanessa Moore, 32, 5'3", executive assistant at MTV, New York City; married

Five years ago, I weighed 108 and was a very petite size 2. Then I got pregnant and went up to 154 pounds. After I had the baby in 1997, I tried everything—the Atkins diet, the cabbage soup diet, starvation. I also tried an appetite suppressant and a metabolism booster. These helped me lose weight for a while, but then I'd stop taking them and gain it all back. I was always seesawing the same 15 pounds.

Two years ago, when my husband and I separated, I dropped to 118 pounds because I was depressed and had no appetite. When we got back together a year ago, we celebrated by eating a box of Girl Scout cookies. My husband is the worst influence when it comes to pigging out.

Before I had my son, I didn't have a gut and would run around in little tank tops and shorts. I wouldn't be caught dead in those now. The clothes I like are the ones that cover up all of me—jeans, long skirts, sweat suits.



There are always these famous, super-skinny musicians coming into the MTV office, and I get really depressed. But instead of doing something about it, I'll go to the candy machine and find solace in some M&M's. My husband likes me the way I am—he loves every inch he can pinch, but I hate the shape I'm in. I'm so busy it's hard to exercise, and I'm not willing to go to extremes anymore and kill myself with silly diets. ■



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DON'T JUST HAVE A REGULAR DAY. HAVE A GREAT DAY.™

WOMEN, FOOD AND DIETING

"How I lost weight—and kept it off for good"

Americans spend more than $33 billion each year on diet foods, books and weight-loss programs, yet the average person gains back every ounce she loses within a year. Inspiring stories from six women who trimmed the fat—permanently **By Rona Berg**

Bridget Wilkinson Stanfield 34, 5'9"
159 pounds
Speech language therapist, Richmond, Kentucky
Lost: 80 pounds
Kept it off: 18 months


BEFORE


AFTER

In college I got into the social scene—parties, going out for pizza or to the all-night waffle house—and went from 170 to 200 pounds in my freshman year. I tried diets, but I'd just revert to my old bad habits—like eating three servings of meat, bread and dessert at dinner. When I became pregnant four years ago, I weighed 242 pounds. My blood pressure was dangerously high, and I was afraid for my health. The birth went fine, but after my son started walking I had trouble keeping up. I made a New Year's resolution in 2000 that I'd really slim down. I wanted a long-term, healthy plan, so I chose Weight Watchers. I lost about a pound and a half a week. When I made my goal in October, I celebrated by buying lots of clothes.

Maintaining my weight is difficult at times. I run three miles three times a week. I'm down from size 20 to size 12, so I can wear belts, shorter skirts, and I tuck things in. It feels great. For the first time since high school, I feel good in a bathing suit.

Jennifer Daddio 34, 5'4"
135 pounds
Graphic designer, Brooklyn
Lost: 25 pounds
Kept it off: Two years

I'm a stress eater, and I started to gain weight after I got married eight years ago. Marriage was a big adjustment, and whenever I got worried or anxious I'd have to put something in my mouth. As a bride, I weighed 135; after a few years of marriage, I was 160.

Four years ago, I left my office job to freelance from home. I felt lonely and I had to get out of the house or I'd go stir-crazy. I started to power walk. I went around and around the block until I hit two miles. Soon I didn't feel like snacking as much. When I did crave something crunchy, I reached for carrots or a piece of fruit. I lost 10 pounds in four months. Three years ago, I wanted to lose more. I cut out soft drinks, ate smaller portions and upped the exercise to 3.5 miles. In six months, I lost another 15 pounds.


BEFORE


AFTER

You can't totally deprive yourself. Ben & Jerry's Vanilla Heath Bar Crunch is my Achilles' heel; every few weeks, my husband comes home with two pints, and we each have one while we watch a movie. But then I cut back the next day. The other day I was getting dressed, and my husband said, "You know, you're really thin." It actually made me blush.



HEMO WAS STEALING THE ENERGY NEEDED FOR MY GRANDSON.

TIL I TALKED TO MY DOCTOR ABOUT GETTING IT BACK.

motherapy making you weak? You may be anemic without knowing it. Anemia is a common fect of chemotherapy; in fact, it affects 7 out of 10 chemotherapy patients. It means your body t have enough red blood cells. This can result in symptoms like extreme tiredness, dizziness, rtness of breath. However, there is an effective medicine. It's called PROCRIT® (Epoetin alfa).

RIT is identical to a substance your body produces naturally. And it helps your body produce od cells that can restore your energy. PROCRIT has been proven safe and effective. In trials, arrhea and edema occurred more often with PROCRIT than placebo. Please see the following ummary of Prescribing Information. PROCRIT is available by prescription only and is for s with most types of cancer, such as breast and lung non-myeloid). Find out how PROCRIT at your anemia and help you get back the strength you need – *your strength for living.*

your doctor if PROCRIT is right for you.

.888.576.6026 for your FREE information booklet or visit www.PROCRIT.com

PROCRIT®
EPOETIN ALFA
Strength for Living

ed by: Amgen, Inc. Thousand Oaks, CA 91320-17 Ortho Biotech Products L.P.

BRIEF SUMMARY OF PRESCRIBING INFORMATION INDICATED FOR THE TREATMENT OF ANEMIA OF CANCER PATIENTS ON CHEMOTHERAPY

PROCRIT®
EPOETIN ALFA
For Injection

FOR FULL PRESCRIBING INFORMATION FOR ALL INDICATIONS, REFER TO THE *PHYSICIANS' DESK REFERENCE®*

INDICATIONS AND USAGE

PROCRIT® (Epoetin alfa) is indicated for the treatment of anemia in patients with nonmyeloid malignancies where anemia is due to the effect of concomitantly administered chemotherapy. PROCRIT is indicated to decrease the need for transfusions in patients who will be receiving concomitant chemotherapy for a minimum of 2 months. PROCRIT is not indicated for the treatment of anemia in cancer patients due to other factors such as iron or folate deficiencies, hemolysis, or gastrointestinal bleeding, which should be managed appropriately.

CONTRAINDICATIONS

PROCRIT is contraindicated in patients with:

1) Uncontrolled hypertension.
2) Known hypersensitivity to mammalian cell-derived products.
3) Known hypersensitivity to Albumin (Human).

WARNINGS

Pediatric Use: The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal.

PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

Hematology: Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, cancer patients should have hematocrit (HCT) measured once a week (QW) until HCT has been stabilized, and measured periodically thereafter.

Delayed or Diminished Response: If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

Iron Evaluation: During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

Drug Interactions: No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

Carcinogenesis, Mutagenesis, and Impairment of Fertility: Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In male and female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Pregnancy Category C: PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

Nursing Mothers: Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

Pediatric Use: See WARNINGS, Pediatric Use.

Pediatric Cancer Patients on Chemotherapy: Published literature has reported the use of PROCRIT in approximately 64 anemic pediatric cancer patients ages 6 months to 18 years, treated with 25 to 300 U/kg subcutaneously (SC) or IV, 3 to 7 times per week. Increases in hemoglobin and decreases in transfusion requirements were noted.

Hypertension: Hypertension, associated with a significant increase in H[C] been noted rarely in cancer patients treated with PROCRIT. Nevertheless pressure (BP) in patients treated with PROCRIT should be monitored c particularly in patients with an underlying history of hypertension or cardiov disease.

Seizures: In double-blind, placebo-controlled trials, 3.2% (N=2/63) of p treated with PROCRIT and 2.9% (N=2/68) of placebo-treated patients had s Seizures in 1.6% (N=1/63) of patients treated with PROCRIT occurred context of a significant increase in BP and HCT from baseline values. Howev patients treated with PROCRIT also had underlying CNS pathology which m been related to seizure activity.

Thrombotic Events: In double-blind, placebo-controlled trials, 3.2% (N=2 patients treated with PROCRIT and 11.8% (N=8/68) of placebo-treated patie thrombotic events (eg, pulmonary embolism, cerebrovascular accident).

Growth Factor Potential: PROCRIT is a growth factor that primarily stimul cell production. However, the possibility that PROCRIT can act as a growt for any tumor type, particularly myeloid malignancies, cannot be excluded.

ADVERSE REACTIONS

Adverse experiences reported in clinical trials with PROCRIT in cancer p were consistent with the underlying disease state. In double-blind, p controlled studies of up to 3-months duration involving 131 cancer p adverse events with an incidence >10% in either patients treated with PRO placebo-treated patients were as indicated below.

Percent of Patients Reporting Event: Event followed by Patients Treate PROCRIT (N=63) first, Placebo-Treated Patients (N=68) second:
Pyrexia 29%, 19%; Diarrhea 21%,[a] 7%; Nausea 17%,[b] 32%; Vomiting 17% Edema 17%,[c] 1%; Asthenia 13%, 16%; Fatigue 13%, 15%; Shortness of 13%, 9%; Paresthesia 11%, 6%; Upper Respiratory Infection 11%, 4%; Di 5%, 12%; Trunk Pain 3%,[d] 16%.
[a]P=0.041; [b]P=0.069; [c]P=0.0016; [d]P=0.017.

Although some statistically significant differences between patients treat PROCRIT and placebo-treated patients were noted, the overall safety pr PROCRIT appeared to be consistent with the disease process of advanced During double-blind and subsequent open-label therapy in which patients (N total exposure to PROCRIT) were treated for up to 32 weeks with doses as 927 U/kg, the adverse experience profile of PROCRIT was consistent w progression of advanced cancer.

Based on comparable survival data and on the percentage of patients treat PROCRIT and placebo-treated patients who discontinued therapy due to disease progression or adverse experiences (22% and 13%, respectively; F the clinical outcome in patients treated with PROCRIT and placebo-treated p appeared to be similar. Available data from animal tumor models and measu of proliferation of solid tumor cells from clinical biopsy specimens in respo PROCRIT suggest that PROCRIT does not potentiate tumor growth. Never as a growth factor, the possibility that PROCRIT may potentiate growth c tumors, particularly myeloid tumors, cannot be excluded. A randomized co Phase IV study is currently ongoing to further evaluate this issue.

The mean peripheral white blood cell count was unchanged following PR therapy compared to the corresponding value in placebo-treated group.

OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in s multiple doses has not been determined. Doses of up to 1500 U/kg weekly (TIW) for 3 to 4 weeks have been administered to adults without an toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polyc if the HCT is not carefully monitored and the dose appropriately adjusted suggested target range is exceeded, PROCRIT may be temporarily withhe the HCT returns to the suggested target range; PROCRIT therapy may b resumed using a lower dose (see DOSAGE AND ADMINISTRATION). cythemia is of concern, phlebotomy may be indicated to decrease the HCT

DOSAGE AND ADMINISTRATION

Baseline endogenous serum erythropoietin levels varied among patients i trials with approximately 75% (N=83/110) having endogenous serum erythr levels <132 mU/mL, and approximately 4% (N=4/110) of patients endogenous serum erythropoietin levels >500 mU/mL. In general, patien lower baseline serum erythropoietin levels responded more vigorously to PR than patients with higher erythropoietin levels. Although no specific serum poietin level can be stipulated above which patients would be unlikely to resp PROCRIT therapy, treatment of patients with grossly elevated serum erythr levels (eg, >200 mU/mL) is not recommended. The HCT should be monitor weekly basis in patients receiving PROCRIT therapy until HCT becomes sta

Starting Dose: The recommended starting dose of PROCRIT for adults is 15 SC TIW. For pediatric patients, see PRECAUTIONS, Pediatric Use.

Dose Adjustment: If the response is not satisfactory in terms of re transfusion requirements or increasing HCT after 8 weeks of therapy, the PROCRIT can be increased up to 300 U/kg TIW. If patients have not resp satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will r to higher doses of PROCRIT. If the HCT exceeds 40%, the dose of PROCRIT be withheld until the HCT falls to 36%. The dose of PROCRIT should be r by 25% when treatment is resumed and titrated to maintain the desired HC initial dose of PROCRIT includes a very rapid HCT response (eg, an incre more than 4 percentage points in any 2-week period), the dose of PROCRIT be reduced.

STORAGE

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.

◆

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Distributed by: **Ortho Biotech Products, L.P.**, Raritan, New Jersey 08869-067
December 2000 638-29-97

W I LOST WEIGHT
nued

e Griffin 34, 5'7"
pounds
natal nurse,
Beach, California
: 35 pounds
t it off: 12 years


BEFORE


AFTER

I was growing up, my two sis-
nd I ate lots of ice cream and
. I started getting heavy by the
was 8, and by ninth grade I was
unds overweight.
ent on a diet I'd seen in a maga-
I ate salads and cut out junk food,
lost 32 pounds over the summer.
gained it all back before graduat-
gh school. Once I was in college, I
e desperate to lose weight. I be-
xercising three hours a day—
ning, biking, running. I went on
treme diet of just 800 calories a
lost 35 pounds in three months
ut any health problems and kept
ight off, but I realized my behav-
s obsessive. In my senior year, I
t a bunch of self-help books and
d to have a healthier attitude.
s when I learned that I loved to
fter college, I joined the Peace
and went to Togo, West Africa,
I ran 10 miles a day and did my
arathon. In 1994, I came back to
Johns Hopkins University, in Bal-
, and ran the Boston and New
marathons.
en you grow up heavy, you re-
ber every insult. I'm always
ng about my weight and what
ting—and I hate that. I try to eat
chicken, fish, fruits and vegeta-
'm totally motivated by the fact
have to wear form-fitting outfits
y races. I'm pretty muscular, I
ood and I'm happy. ▶



WOMEN, FOOD AND DIETING

Stephanie Grothjan 40, 5'10", 140 pounds
Interior decorator, Cincinnati
Lost: 45 pounds
Kept it off: Six years

I modeled for a local department store in high school and appeared in an ad in *Seventeen* magazine. When I got married 12 years ago, I told my husband I'd never have to worry about my weight because I'd always been tall and thin. When I got pregnant the next year, I watched what I ate. After having my second child in 1990, I got down within 10 pounds of my normal weight. But when I was pregnant with my son three years later, I let myself go. I ate a lot of chocolate and ice cream. I gained 50 pounds, but lost only 20 after he was born. I was so busy taking care of three kids that I stopped taking care of myself. By 1993, I weighed 180 pounds.


BEFORE


AFTER

I had always liked to wear stylish clothes, but I didn't feel comfortable in fitted clothes anymore, so I started to wear sweatpants and T-shirts. One day I bought a pair of pink jeans. They were a size 16; I used to wear an 8 slim. I wore them out once, and it was so depressing that I got going on a weight-loss plan. My husband had given me Susan Powter's *Stop the Insanity* (Pocket, 1995), and I decided to follow her plan. It took me two years to lose 20 pounds by restricting my fat intake and eating smaller portions. I put my food on a salad plate instead of a dinner plate so that it looked like more, and I started exercising three times a week on a stationary bike. But I couldn't get below 160, so I went to Jenny Craig. The ease of the prepared meals appealed to me.

Four months later, I had lost 25 pounds. In 1998, when my daughter was diagnosed with a cranial tumor and had surgery, I gained 10 pounds. But after she recovered, I went back on Jenny Craig for two months until I got down to 140 again. Now, whenever my clothes feel tight, I go back to my salad-plate trick. That way, I eat whatever I like, just not a ton of it.

Lisa Class 45, 5'5"
143 pounds
Administrative assistant, Huntington Valley, Pennsylvania
Lost: 25 pounds
Kept it off: Two years

I was a chubby child, and my parents started me on diets when I was around 10. They rarely had snacks around the house, so whenever I went to a friend's place I'd eat more than I should. I lost weight after I started smoking in high school. When I quit smoking 12 years ago, I gained 15 pounds. I was 158, and I tried everything—the cabbage soup diet, Slim-Fast, dancing


BEFORE


AFTER

in front of the TV with Richard Simmons—but I'd always gain it back. After my daughter was born the following year, I put on 10 more pounds. I used to be a fun, outgoing person, but I became extremely introverted and never went out of the house. This went on for nine years before I realized I was missing out on a lot in life and that I had to do something to turn things around.

I had friends who had tried the Trevose Behavior Modification Program in Philadelphia, one of the most successful weight-loss programs in the world. You go to weekly meetings and are assigned a daily calorie intake—mine was 1,500—and someone monitors you throughout the whole program. Every month you set a goal—mine was to lose four pounds the first month, and three pounds the next. It's gradual, but healthy and realistic. And it's free. It took me six months to lose 25 pounds. As the weight came off, my personality came back. I never used to talk much; now you can hardly shut me up. My husband rode the wave without even knowing it—he ate what I ate and lost 38 pounds.

The behavior modifications—keeping a food journal, eating slowly, leaving something on your plate—are all ingrained in my head. I used to just grab anything because it was there. Now I look forward to eating something special and taking the time to savor it. I didn't exercise before. Now, I walk on the treadmill every other day for 45 minutes. I'm determined to maintain my weight. I feel so much better, I'm more confident, and I'm happy with the way I look. ▶


5%
GOOD TASTE
100%
GOOD TASTE
ADE FROM 100% WHOLE GRAIN WHEAT TO HELP YOUR HUNGER WITH A TASTE
T'S ALWAYS IN FASHION. POST HONEY NUT SHREDDED WHEAT. 100% GOOD.
Post
Honey Nut
SHREDDED WHEAT
BREAKFAST MADE RIGHT®



Looks like someone could use the right multivitamin.



It's just one deadline after another. And that's after you get home from work. Even take-out is a project. It all makes proper nutrition that much more essential. Enter Women's Ultra Mega from General Nutrition Centers. Simply put, it's thirty-five premium vitamins, minerals, and herbs your body would love to have. Including the ones that are important for a woman, like iron, calcium, and folie acid. Each one going through 150 quality ehecks. And, now is a perfeet time to see everything it can do for you. Because when you piek up any GNC brand produet, including Women's Ultra Mega, we'll give you any other GNC brand product at half priee. It's just one more wav we help you live your best life.

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5,000 stores nationwide. | Nearly 70 years of expertise. | Backed by over 100 researchers & scientists. | A healthy 10 million customers each year. | GNC Live W

2002 General Nutrition Centers. May not be available outside the U.S. *See store for details

nifer Teagle 28, 5'3"
pounds
student, New Orleans
t: 100 pounds
ot it off: 15 months





veight problems didn't start until
d to have a baby in 1994. I
me pregnant right away, but lost
aby. I was very depressed, and
was a comfort. I'd scrounge
nd in the kitchen all day for candy
tato chips. I went from 125 to
ounds by the time I became
nant again in 1995. I justified
g more because I was having
. I lived on McDonald's, Taco
and other fast food because it was
I cooked beans and rice and
which are basically a vehicle for
nd butter. My weight shot up to
fter the boys were born. My
and, Steven, had also become
erously overweight, going from
o 400 pounds.
1999, he decided to have gastric

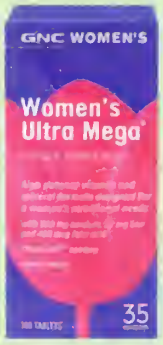
**ow a size 6, I love
y body again, and
have so much more
nergy than before**

ss surgery, which involves
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ich with surgical staples and
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ine. The risks include severe
ia and a perforated bowel, but
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ns on the diet pill Redux, then
d it back. I lost 20 pounds on
Fast, and it came right back.
started seeing a new internist,
old me I was putting my life at
was borderline diabetic and
tensive, and my triglyceride, or
fat, was 600; 160 is normal. I
osolutely awful. I was tired and out of breath all the time and hardly left the house.

So I had the surgery. It was expensive—$45,000—but my insurance covered it because it was necessary for my health. I had dry heaves for six weeks, which is pretty common, although doctors don't know why. But one morning I woke up and they were gone. By then I'd lost 30 pounds. It took me about eight months to lose the other 70 pounds. I can handle only about four or five bites of food at a time. A normal stomach holds anywhere from 40 to 70 ounces, but after a gastric bypass it holds only two to four ounces. If you eat too much you feel sick and throw up because there's nowhere for the food to go.

It's incredible. Every aspect of my life is different now. I'm a size 6, and I live in jeans and little T-shirts, short skirts and scoop- and V-neck tops—things I never wore before. I'm thrilled to wear jeans without an elastic waistband. I can run after my boys, and, most important, I can look toward the future. Five years ago, I never would have had the confidence to go to law school. My whole family is ecstatic. Surgery was a drastic step, but I'd do it again in a heartbeat. ■

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WOMEN, FOOD AND DIETING



Do you **live to eat** or **eat to live?**

Does food bring you happiness, or just nourishment? Would you prefer a great meal or great sex? The surprising results of our poll on food attitudes

Reported by Shana Aborn

WOMEN ARE NOT ONLY PASSIONATE about food—they actually prefer food to passion. That's one of the startling responses we received to a recent lhj.com survey on dining and dieting. The women in our poll also confessed that they love eating so much that they think about it almost all the time. Yet, for all their gourmandizing tendencies, they're honest about how much they weigh, and if they absolutely *had* to choose, they'd rather be richer than thinner. Here's what else they had to say:

All that junk

In our fast-food nation, it's very hard not to resist temptation, but most of those polled do try to maintain some sort of balance. Forty-two percent say that unhealthy foods make up between 10 to 25 percent of their daily diet; **26 percent say their menus are less than 10 percent junk.** The bad news: Twenty-two percent say junk makes up a quarter to one half of their meals, and 9 percent admit to filling up on empty calories 50 to 75 percent of the time.

Fear of fat

Though we may not like to admit it, we still harbor personal biases against obese people. Asked what would be their reaction to seeing a very overweight woman, **43 percent hope they never get that fat themselves.** Another 19 percent would wonder how she could "let herself go like that," and 17 percent would assume the obesity was a medical problem. On the other hand, 21 percent say they would know exactly how the heavy woman felt.

DECISIONS, DECISIONS

Food may be a source of joy, but it doesn't beat a little extra in the bank account. Given the choice, 64 percent of women would rather win $1,000 than lose 10 pounds. When asked whether they'd rather have a great restaurant meal or great sex, **56 percent would go gourmet and 44 percent would hit the sheets.**



Big fat liar

True, it's a touchy subject, but **the majority (53 percent) of respondents say they never lie about their weight!** A less honest 31 percent admit to fudging all the time. Nine percent confess they shave off pounds when they're among friends who are thinner than they are.



Food = bliss

Nearly two thirds of those polled—73 percent—consider food to be **one of life's greatest pleasures.** The rest say food is nothing but sustenance.



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l trials, the most common side effects associated with Diflucan were headache (13%), nausea (7%), and abdominal pain (6%). ucan, there is the possibility of an increased risk of side effects compared with creams. To prevent heart-related complications, do Diflucan if you are taking Propulsid®. In rare instances, serious effects on the liver and serious allergic reactions were reported. Do Diflucan if you are nursing. If you are pregnant or taking other medications, consult your doctor.

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nal yeast infections due to the yeast *Candida*.

lational Prescription Audit as of February 2001

ady comparing Diflucan tablet (150 mg) with miconazole intravaginally for 7 days in 342 women

conazole) is a registered trademark of McNeil-PPC, Inc. Propulsid (cisapride) is a registered trademark of Janssen Pharmaceutica Inc.

Please see important product information on adjacent page.

Pfizer

Diflucan

(fluconazole) 150 mg tablet

for vaginal yeast infections due to *Candida*

Summary of patient information about DIFLUCAN (Di-flū-can), fluconazole (flū-con-a-zol)

PLEASE READ THIS BEFORE USING DIFLUCAN for the treatment of vaginal yeast infections due to Candida.

Pfizer wants you to know as much as possible about your medicines. The purpose of this summary is to inform you about DIFLUCAN and its use in the treatment of vaginal yeast infections. However, no summary can take the place of a discussion between you and your doctor or other healthcare professional. Your doctor has been provided with full prescribing information for DIFLUCAN, upon which this summary is based. You may want to read it and discuss any questions you may have.

What is a vaginal yeast infection?

In the vagina, yeast and bacteria live together in a balance that limits the excessive growth of either. When this normal balance is upset for any reason, an infection can occur. Changes within the vagina can be caused by increased moisture, as may happen during prolonged exposure to wet clothing or sweaty exercise outfits.

In addition, some medical conditions and certain medicines can increase the chances of getting a yeast infection. Specifically, the chances of getting an infection are higher in women who are pregnant, diabetic, using birth control pills, or taking antibiotics. Vaginal infections are common, and an estimated 75% of all adult women have at least one vaginal yeast infection in their lifetimes.

Vaginal yeast infections are uncomfortable and may cause itching, burning, and soreness. When infected, the lining of the vagina becomes inflamed (a condition known as vaginitis) and the vaginal area reddens. An increase in vaginal secretions is also common during yeast infections, and some women have a thick, white discharge.

What is Candida?

Most yeast infections are caused by a type of fungus called Candida. It is normal for the Candida yeast to live in the human body.

How does DIFLUCAN work against a yeast infection?

DIFLUCAN is an antifungal agent that works by interfering with the yeast's normal growth process. Because of this action, DIFLUCAN effectively cures most vaginal yeast infections due to Candida.

Who should NOT take DIFLUCAN?

DIFLUCAN should not be taken by anyone known to be allergic to fluconazole, the active ingredient, or to any of the inactive ingredients listed at the end of this Summary. Also, you should tell your doctor or other healthcare professional if you are allergic to any other medicines. Do not take DIFLUCAN if you are taking the medicine cisapride (Propulsid).

How should I take DIFLUCAN and what should I expect?

DIFLUCAN for vaginal yeast infections is a 150-mg tablet that is taken by mouth. Most patients can expect to see the beginning of symptom relief within 24 hours of taking the tablet. As DIFLUCAN works to cure the infection over a period of days, symptoms will gradually lessen and eventually disappear.

DIFLUCAN can be taken anytime—day or night, with or without meals. You should take it as soon as possible, by mouth, to ensure the earliest relief. If the symptoms have not started to go away within 3 to 5 days, you should contact your doctor or other healthcare professional.

Possible side effects

In US clinical studies of 448 patients taking a single dose of DIFLUCAN for vaginal yeast infections, the most common side effects reported were headache (13%), nausea (7%), and stomach pain (6%). Other side effects reported were diarrhea (3%), indigestion 1%, dizziness (1%), and changes in the way food tastes (1%). Overall, 26% of patients taking DIFLUCAN reported side effects, compared with 16% of 422 patients using vaginal products. You may want to discuss with your doctor or other healthcare professional whether the convenience of a single oral dose outweighs the increased risk of side effects compared with other treatments that are applied directly in the vagina. You should also tell your doctor or other healthcare professional about any side effects you do experience.

Important warnings and precautions

Follow your doctor's directions about how to take DIFLUCAN, and be aware of the following points:

- If the symptoms of your vaginal yeast infection have not improved within 3 to 5 days, contact your doctor or other healthcare professional.
- DIFLUCAN has not been studied in pregnant women. If you are pregnant, your doctor should prescribe DIFLUCAN only if the benefit to you justifies the possible risk to the fetus.
- Because DIFLUCAN passes into human milk, you should not take DIFLUCAN while nursing.
- Be sure to tell your doctor and other healthcare professionals about all the medicines you are taking—prescription, nonprescription, and vitamins. They know about possible interactions between medicines and are best able to prevent them. DIFLUCAN may interact with certain birth control pills, cimetidine (Tagamet), hydrochlorothiazide, antacids, rifampin, warfarin (Coumadin), phenytoin (Dilantin), cyclosporine (Sandimmune), zidovudine (Retrovir or AZT), theophylline, terfenadine (Seldane), cisapride (Propulsid), astemizole (Hismanal), rifabutin (Mycobutin), tacrolimus (Prograf), and oral antidiabetic medicines. If you are not sure whether you are taking any of these medicines, check with your doctor, pharmacist, or other healthcare professional.
- DIFLUCAN has been connected to rare cases of serious liver damage, including deaths, primarily in patients with serious underlying medical conditions.
- Rare cases of anaphylaxis (a severe allergic reaction) have been reported, as well as rare cases of a severe skin disorder.

Cancer and impairment of fertility

Like most prescription drugs, DIFLUCAN was required to be tested on animals before it was allowed for human use. Often these tests are designed to achieve higher drug levels than humans achieve at recommended dosing. In these tests, benign liver tumors were observed in some of the male animals and a complicated labor/delivery was observed in some female animals. Your healthcare professional can tell you more about how drugs are tested on animals and what the results of these tests mean about safety for you.

Pediatric use

One-dose DIFLUCAN treatment for vaginal yeast infections due to Candida has not been studied in children. When multiple-dose DIFLUCAN was used for the treatment of other infections in children up to the age of 17 years, the most commonly reported side effects were vomiting (5%), stomach pain (3%), nausea (2%), and diarrhea (2%).

Active ingredient: Each tablet contains 150 mg fluconazole.

Inactive ingredients: Microcrystalline cellulose, dibasic calcium phosphate anhydrous, povidone, croscarmellose sodium, FD&C Red No. 40 aluminum lake dye, and magnesium stearate.

Caution: Federal law prohibits dispensing without a prescription. You must see a doctor to receive a prescription.

If you have any questions or want more information about DIFLUCAN for the treatment of vaginal yeast infections, talk to your doctor or other healthcare professional.

Pfizer U.S. Pharmaceuticals

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Gorging and guilt



Most of those polled come from families with a "clean-plate club" mentality; 39 percent say their mothers urged them to eat for the sake of starving children overse and 29 percent were made to pol off every bite of dinner before th could have dessert. **Just 13 perce of respondents say their famili stressed healthy eating.**

Yet despite this childhood e phasis on full portions, many wom are extremely self-conscious ab what they put in their mouths. A though 54 percent say they do watch what they eat when they around other people, 38 percent for fear of developing a reputat as a glutton. Nine percent of th polled will skip dessert for appe ance's sake.

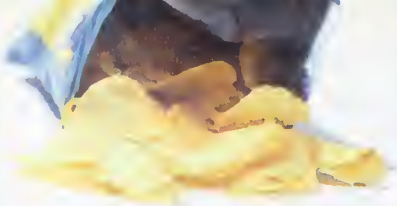
When they eat more than th think they should, 35 percent g themselves grief for having no s control, 31 percent vow to make for it the next day and 14 perc come right out and say, "I hate m self." One fifth of women feel gc about splurging.

SIZE MATTERS

What's the best size for a woman? Respondents don't idealize the thinnest of the thin; only 3 percent say size 2 is their idea of perfection. Size 10 is the choice of 25 percent, with sizes 8, 12 and 6 following close behind. However, few of the women polled actually live up to their own ideals; the majority—**41 percent—wear size 16 or larger,** and another 15 percent are size 14.

IN THE CLOSET

Dieting is one route to looking thinner, but having flattering clothes doesn't hurt, either. **Sixteen percent of women polled own a dress that makes them look 10 pounds thinner,** and 15 percent have minimizer underwear to help disguise bulges. Forty percent are holding on to at least one pair of pants too small for them—presumably in the hope that they'll be able to wear them again a few less pounds from now. But sometimes comfort matters more; 29 percent say they own a forgiving pair of pants to wear on their "fat days."



I can't believe I ate the whole thing

Sometimes junk-food consumption is more than a mere nibble for those polled. More than a third (34 percent) confess to having polished off a jumbo tub of buttered popcorn in one sitting. Another 30 percent say they've downed a whole pint of ice cream. **Nineteen percent have scarfed down a bag of chips at one time,** and 16 percent have left only crumbs in a box of cookies. But it's harder to pig out on peanut butter; a mere—but still astounding—1 percent say they've managed to eat an entire jar.

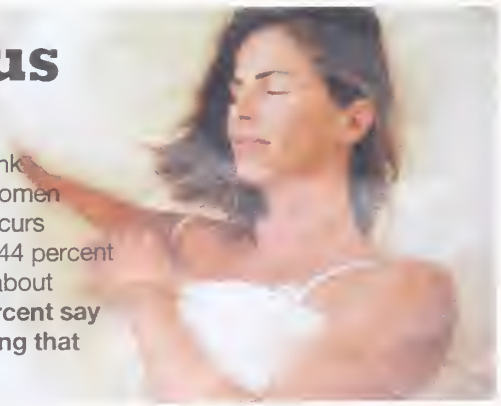
TAKING IT OFF

Weight loss is a major concern for the women in our poll. **Half of them say they need to lose more than 20 pounds.** Nearly three quarters of respondents have been on diets at some point, with 22 percent dieting up to six months a year, another 24 percent devoting one or two months a year to weight loss and 13 percent cutting calories two or three weeks a year. Twelve percent never stop trying to slim down.

However, despite the vast variety of diet books touting low-carb or meatless eating, most women prefer the tried-and-true methods. Twenty-seven percent of those polled have gone on calorie-restricted diets, and 19 percent have tried a balanced food-pyramid regimen. Another 14 percent have tried liquid diets, and 13 percent have gone for high-protein menus.

A delicious obsession

When asked how often they think about food, just under half of women (45 percent) say the thought occurs only at mealtimes. But another 44 percent say food is on their minds just about every waking minute, and **8 percent say they're so obsessed with eating that they even dream about it.** ■



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See how they grow



Now 4 years old, the McCaughey septuplets are celebrating milestones—and keeping their parents busier than ever **By Kathryn Casey**

Bobbi McCaughey is at a standoff in her kitchen with son Joel. "Candy," he cries, the fourth septuplet in a matter of minutes to make the same plea.

"Not until all of you stop asking for it," chastises Bobbi. To teach her children patience, that's her new rule. But when seven 4-year-olds know there's candy, patience is a tough concept.

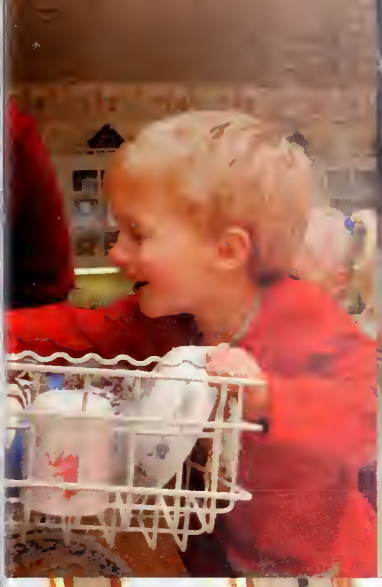
Disappointed, Joel stalks off. Meanwhile, in the family room, little Kenny, wrapped in his favorite quilt, sucks his thumb, while Brandon jumps on the couch and Natalie sings along with Big Bird on *Sesame Street*. In the living room, Kelsey blissfully rides on the back of one sofa, while big sister, Mikayla, 6, wearing pink cowboy boots, gallops on the other. "My horsey's brown," says Kelsey, patting the burgundy-and-green–patterned fabric. The only septuplets missing: Alexis and Nathan, who both suffer from cerebral palsy and attend a special-ed preschool.

Just then, Brandon spies Bobbi opening a cabinet above the sink. "Candy!" he screams. She's instantly swarmed by the children. Outmaneuvered, Bobbi gives in.

Candy in hand, the children run off, and Bobbi, 34, rests on a kitchen stool. "We've had a big year," she says, with a smile. "Things have really changed."

GROWING UP

A tour of the McCaugheys' house, in Carlisle, Iowa, confirms how different their world is this year than last. For one thing, the alcove by the kitchen window is no longer filled with seven high chairs. Instead, there is a long, low, green plastic table surrounded by tiny chairs. *(continued)*













Seven times the fun

The septuplets spend their days helping Mom around the house, playing in the backyard, chasing the family cat, watching TV and laughing with Dad. "They're growing up so fast," says Bobbi



(continued) "We use it not only for meals but for school," says Bobbi, who is homeschooling her brood.

"They love it," says Bobbi. "They're really learning."

The kitchen/classroom isn't the only change in the septuplets' world. Upstairs, the cribs have disappeared—replaced with seven white twin beds. The children have made their own mark on the decor: The bright wallpaper borders that once formed colorful chair rails around the rooms are gone. "We made a mistake," says Bobbi. "We hung the borders low enough for the kids to reach. They tore them down."

Decorating mishaps aside, the septuplets are thriving. In addition to their preschool lessons, five of the seven now take a weekly tumbling class at a local youth center. And Bobbi's favorite achievement: The diaper count—once as high as 40 a day—is dropping. Nathan and Alexis are the only two still in diapers. "And hopefully that won't be for too much longer," says Bobbi.

NEW CHALLENGES

Just then, Nathan and Alexis arrive home from school, pushing their walkers through the door. "Did you have a good day?" asks Bobbi.

"I go outside have recess," says Alexis, grinning.

"I had snack and lunch," says Nathan.

The septuplets are sleeping when Kenny, 32, arrives home from his job at a local manufacturing company just after 3 P.M. As he munches on chips, he complains that he and Bobbi spend most of their *(continued on page 159)*

Brandon



An easygoing child, Brandon is known as the most artistic of the septuplets. "He makes stuff really good," says big sister, Mikayla, explaining how he made a fishing pole out of a stick and yam. Bobbi and Kenny call him "the all-American boy" for his love of the outdoors and of wearing hats and boots. In fact, he loves boots so much that he often refuses to take them off, even to go to bed. Bobbi couldn't get him to wear his good shoes to church until she convinced him that they were "shoeboots."



He also enjoys climbing, and can often be seen scaling the fence in the family's backyard to retrieve the toys his siblings threw into the neighbors' yard. Sometimes when he plays, he turns his Legos into a gun. "I don't know where he gets that from," says Kenny.



Kelsey

"Joel is in trouble," Kelsey whispers. "He wanted Mikayla's pink cowboy hat."

Wearing her Tweety Bird slippers and carrying her favorite blanket, Kelsey loves to tattle when one of her siblings breaks the rules. But then again, she's just as likely to tell on herself. "Ask her if she's done something wrong and she'll tell you," says Bobbi.

And get into trouble she does. Agile enough to climb on the kitchen drawers to get up on the countertop, she's often in the center of any septuplet adventure. In fact, in nearly every way, Kelsey is the leader of the McCaughey pack. The first to be potty trained and the most verbal, she's everyone's favorite playmate, including Mikayla's. "She's just nice," says her big sister.



She's also the most affectionate of the septuplets. "Kelsey comes up and says, 'I need a kiss,'" says Bobbi. "You give her one, and she's off running."

Nathan



"Where's Daddy?" Nathan asks the moment he gets home from school.

"He's at work," replies Bobbi.

Disappointed, Nathan drops his Tigger backpack and goes off to find his brothers and sisters.

"He prefers Daddy to Mommy," says Bobbi.

Like his sister Alexis, Nathan has cerebral palsy. The condition he suffers from is called spastic diplegia, which causes severe muscle spasms in his legs. "His limitations are purely physical," says Bobbi.

Nathan has made great progress at school, working with physical and occupational therapists, and can now walk with crutches. Bobbi also works with him, stretching his legs and feet to keep his ankles straight.

The most sensitive of the boys, Nathan has a laid-back temperament. "He's always been kind of mellow," says Kenny. "But he gets frustrated easily."



Nathan also hates to be left behind. When his brothers peddled up a hill in a toy car, Nathan joined in by pushing uphill on his walker, then riding down on its wheels. "It was great," says his proud dad.



Kenny

"Joel throwed me," says little Kenny, pointing at a bruise on his forehead. Indicating another wound just above his eye, he explains, "I got hurt on the chair. The doctor fixed it."

Last January, little Kenny fell and hit his head on an ottoman and earned the honor of becoming the first septuplet o require stitches—16 to be exact. That's not surprising for the boy nicknamed "the wild man."

With his impish grin, little Kenny always looks like he's up to something. "And there's a good chance he s," says Bobbi, recounting how he once climbed the dining-room table to hang on the chandelier.

He's also the most inquisitive. When Dad is working on a project around the house, little Kenny is often right next to him the whole time, asking questions. "Of the boys, he's the one who likes to carry on a conversation," says Kenny.





Natalie

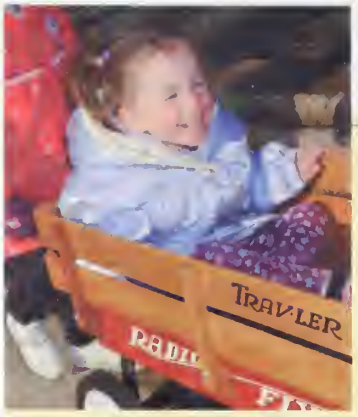
"It's right here," Natalie says, pulling up her shirt and pointing to a small healed wound on her upper abdomen. "I have two belly buttons."

That small scar is the former site of what the McCaugheys call Natalie's "button." Natalie suffered from reflux, a severe condition similar to adult heartburn that causes vomiting, and required a feeding tube for nourishment. Last August, the tube was removed. "Now she eats everything," says Bobbi.

Natalie is the most nurturing of the septuplets. She loves wrapping her dolls in blankets and taking them to bed with her. She's also a sensitive soul. You can look at her cross-eyed, and she'll cry for half an hour," says Bobbi. Perhaps a budding cosmetologist, Natalie has gotten into trouble for cutting Alexis' hair. "I thought she was combing it," says Bobbi, who witnessed the episode.



She may look angelic, but when her brothers get in trouble, it's not unusual to find out that Natalie was involved. She's right there with the group," says Bobbi, being mischievous."



Alexis

The smallest septuplet, Alexis is known for her temper. "She's usually the one who gets in trouble at school," says Bobbi, with an amused smile.

Born with a type of cerebral palsy called hypotonic quadriplegia, a condition that causes weakness in her legs and arms, Alexis receives Botox shots every four to six months and is now able to walk with a walker. "She still prefers to crawl," says Bobbi. "It's faster."

Alexis depended on a feeding tube for nourishment until last fall. Now her favorite food is pizza, and Bobbi expects doctors to remove the feeding tube soon.

Two years ago, Bobbi read a report by one of Alexis' physical therapists that indicated Alexis was behind in her cognitive ability. "I cried all the way home," says Bobbi.

Yet now she has hope that Alexis' disability may not prove as dramatic as she once feared. "All of a sudden, last fall Alexis really started talking. I know she's behind the other kids, but there's always the possibility that things will change," says Bobbi. "At this point, we don't know what her potential is."





Joel

"I got ketchup in my hair," says Joel as Bobbi drives the children to McDonald's for lunch.

"Are you sure?" she asks. "We haven't had ketchup today."

"It's ketchup," Joel insists. "Daddy put it there."

The biggest of the septuplets, Joel is the one most likely to first kiss his siblings and then to turn around and punch them. "He's too rough around the edges," says Mikayla.

Joel's favorite toy is his blue elephant blanket, and he has the distinction of being able to sing on key. "A lot of the kids have good voices," says Bobbi, who sings with them in the car.

Last year, Joel let her know he was ready to begin potty training by sitting down on his potty-chair. There was only one problem: "He was fully clothed," says Bobbi. "But eventually he got the idea."




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V5
Frontal lobe
LEG
TORSO
ARM
HAND
EYE
SPEECH
MOUTH
SPEECH
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Olfactory nerve
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25 health differences between men and women that even your doctor may not know



FROM THE SYMPTOMS OF COMMON DISEASES TO THE WAY THEY FEEL PAIN, WOMEN TRULY ARE DIFFERENT. FROM A GROUNDBREAKING NEW BOOK, RESEARCH THAT COULD SAVE YOUR LIFE

BY MARIANNE J. LEGATO, M.D.

UNLESS THEY ARE FOCUSING ON THE REPRODUCTIVE system, most doctors have a tendency to treat patients as though they are all the same sex: male. We listen to patients' stories of their illnesses, examine their bodies and interpret their lab tests as though gender were irrelevant. We write prescriptions that way, seldom considering a patient's gender to determine how her body will process and use a particular drug. Even our understanding of what makes men and women different has been simplistic. (Many doctors ascribe it all to hormones, which is only partly correct.) In short, we've practiced medicine as though only a woman's breasts, uterus and ovaries made her unique—and as though her heart, brain and every other part of her body were identical to those of a man.

As a result, hundreds of women have told me shocking stories about how they were patronized and dismissed by doctors who simply didn't respect their symptoms as genuine. Recently, as I concluded a talk about heart disease in women, a member of the audience rose to say that she'd been having chest pain whenever she ran *(continued)*

FROM THE FORTHCOMING BOOK "EVE'S RIB," BY MARIANNE J. LEGATO, M.D. COPYRIGHT © 2002
BY DR. MARIANNE LEGATO. TO BE PUBLISHED IN JUNE BY HARMONY BOOKS, A DIVISION OF RANDOM HOUSE, INC.

(continued) or climbed stairs. She was a doctor's wife, and her husband sent her to his colleague, a cardiologist. After hearing her story, the cardiologist told her that women didn't get heart disease at her age, 42. He said, "I'm going to call your husband and tell him to take you away for the weekend and give you what you really need. You'll be fine after that." With tears of rage in her eyes, the woman finished her story: "A month later, I had my first heart attack."

Though it may be hard to believe, until very recently, everything about American health care, from the way doctors practiced medicine to the way scientists did research, reflected a mistake of astounding proportions, one that undoubtedly has affected the health and the lives of many women over the years: the medical field's assumption that men and women are so alike that it wasn't important to study women directly.

WOMEN ARE LESS LIKELY TO RECEIVE EVEN THOUGH CARDIOVASCULAR DISEASE

How did this happen? Many of the dictates that restricted medical research to males were the result of an effort to protect women—particularly women of childbearing age, whose reproductive abilities were of primary concern—from the risks of clinical trials. Another reason was scarcity of research dollars. The cyclic variations in women's hormonal levels made it necessary to include many more of them in any protocol in order to achieve significant and reliable information. Researchers viewed men as a more homogeneous and stable population and were reluctant to spend extra time and money to study women.

Today, all of this is changing. Scientists know that in most cases the benefits of including women in clinical trials and research studies far outweigh the drawbacks, they know more about how to include women in studies without putting them at risk and they are beginning to understand the importance of the information.

It has been women themselves who have demanded a change in the way American doctors and scientists do business. With an increasingly powerful voice, women have forced the federal government and the biomedical establishment to define the differences between men and women. The results have been nothing short of astonishing. As we compare men and women, we are finding that in every system of the body, from our brains to the way our hearts beat, there are significant and unique sex-based differences. This new data are transforming how we prevent and treat disease.

Here, are some of those differences—things that even your doctor may not yet know—and how they can affect your health.



Taking it to heart

Until the 1990s, almost all the information doctors had on the cardiovascular system came from studies done on men only—in spite of the fact that heart disease kills more women each year than all cancers combined. New findings about men's and women's hearts have established one of the most important bodies of information in the new science of gender-specific medicine.

- Women are more likely than men to develop periods of very rapid abnormal heartbeats or arrhythmias. Doctors believe the cause is linked to changes in levels of such hormones as estrogen.
- One in five women does not experience the classic symptoms of a heart attack—a sensation of burning pain or pressure in the center of the chest that may radiate down the arms and into the neck and jaw. Instead, these women have pain in the



pper abdomen or back, intense shortness of reath, nausea and profuse sweating. They may be isdiagnosed as having indigestion or a gallblad-er attack; their shortness of breath may be inter-reted as an anxiety attack. Many women, specially if they are young, are sent home from mergency rooms with Mylanta and Valium, only o return in much more serious condition—or hen it's too late to help them.

A first heart attack is much more dangerous for omen than for men. Thirty-nine percent of omen will die within the first weeks after the at-ack, compared with 31 percent of men. Women re also more likely than men to have a second at-ack within the following few years.

Women are less likely to receive aggressive edical treatment for heart disease than men—ven though cardiovascular disease kills half a illion American women each year.

AGGRESSIVE TREATMENT FOR HEART DISEASE—KILLS 500,000 WOMEN EACH YEAR IN THE U.S.

eeling her pain

Women report more severe levels and more fre-uent and longer-lasting bouts of pain in more ar-as of the body than men do. All too often, octors assume that women simply are more will-ng to report pain and seek help for it.

New data from research done on women suggest at the awareness and experience of pain does ctually differ between men and women. The ause may be hormonal: Progesterone seems to ontribute to a woman's sensitivity to pain, while estosterone mutes a man's.

Men's and women's responses to pain also dif-er physiologically. Men in pain are more likely o experience a rise in blood pressure; women are more likely to have an accelerated heart rate. This is especially important after surgery—typically, anesthesiologists gauge the amount of pain that needs treatment by monitoring a patient's blood pressure. This is not a useful tool for measuring pain in women—ask your doctor to check your heart rate.

- Women metabolize drugs differently than men do. Female hormones can accelerate the metabolism of certain drugs, such as asthma medications.
- Painkillers may have a more potent effect on women than on men. That's because a woman's digestive system works more slowly than a man's, and thus, painkillers have more time to be absorbed as they pass through the digestive tract and provide more relief. *(continued on page 160)*

HOW TO TALK TO YOUR DOCTOR

To make sure that you get the proper care, it's important to be your own advocate. Here, a few tips:

- Get organized before you see your doctor. Make a list of your complaints and questions.
- If you have a specific problem, include a description of when it began, what it feels like, how long it lasts and what makes it better or worse.
- Be as concise and clear as possible when discussing your condition with your physician.
- If your doctor dismisses your complaints, challenge her. If she still won't work with you, consider finding another physician.
- Finally, whenever you're given a treatment plan, be sure to ask your doctor questions. You need to understand exactly what medications you're being prescribed, how they'll help you and any possible side effects.



white now

Chill out in this summer's best looks. Here, six ways to wear white done right. Produced by Meg Goldman

PHOTOGRAPHED BY JAMES T. PEMBERTON
AT CANEEL BAY RESORT, ST. JOHN, U.S.V.I.



LEATHER AND LACE
A LONG PRAIRIE SKIRT WITH LACE TRIMMING IS AN EASY SUMMER LOOK. BUT WHEN YOU GO BOHEMIAN ON THE BOTTOM, STICK WITH A BASIC TEE OR TANK ON TOP. DOES WHITE PLUS LACE MAKE YOU THINK WEDDING DRESS? ACCESSORIZE WITH HIP BROWN LEATHER TO AVOID WALK-DOWN-THE-AISLE STYLE. SKIRT, JOHNNY WAS, $150. TANK, M-A-G, $42. BELT, STREETS AHEAD, $155. NECKLACE, $40, BRACELET, $32, BOTH BEN AMUN

THREE TRENDS IN ONE
WITH WHITE EYELET, DELICATE EMBROIDERY AND PEASANT STYLING, THIS SHEER BLOUSE BY JOHNNY WAS, $150, IS GREAT AS A BEACH COVER-UP, BUT LANDLUBBERS WILL LOVE IT, TOO, WITH JEANS OR A COTTON SKIRT. BIKINI, BRAMASOLE, $125


When you consider tha
it's amazing how



WELL-SUITED

A CRISP, WHITE LINEN SUIT IS SUMMER FASHION AT ITS BEST, AND IT STRETCHES YOUR OPTIONS WHEN YOU MIX THE JACKET (WITH LITTLE OR NOTHING UNDERNEATH) AND PANTS WITH OTHER SEPARATES. BLAZER, NEW FRONTIER, $218. HAT, ERIC JAVITS, $175

MADE IN THE SHADE

A SEXY, TEXTURED-COTTON SUNDRESS IS THE PERFECT SOLUTION TO A SUMMER WHAT-SHOULD-I-WEAR? DILEMMA. AND A STRAPLESS ONE HAS STYLE MILEAGE TO SPARE. DRESS IT UP WITH JEWELRY, HEELS AND A WRAP FOR A SPECIAL NIGHT OUT, OR PAIR IT WITH FLIP-FLOPS AND A LIGHTWEIGHT CARDIGAN OR JEAN JACKET FOR CASUAL WEAR. DRESS, HELEN WANG, $297. EARRINGS, YOCHI DESIGN, $30

white isn't, technically, a color, ghts up your whole wardrobe



TIE ONE ON

LACING IS A TRENDY DETAIL YOU'LL SEE A LOT OF THIS SUMMER ON EVERYTHING FROM TOPS (LIKE THIS ONE BY DKNY JEANS, $54) TO TROUSERS. THE SKIRT (SHIN CHOI, $198) MIRRORS THE V-NECK WITH ITS SHARP INVERTED PLEAT, AND IT ALL ADDS UP TO A WORK-WORTHY LOOK WHEN YOU SUBSTITUTE CLOSED-TOE MULES FOR THE FLAT THONG SANDALS. SANDALS, KENNETH COLE. SUNGLASSES, PERSOL, $150. BAG, PUTU BY J. MACLEAR, $48

THE EYELET HAS IT

THIS MOST FEMININE FABRIC HAS MADE A BIG COMEBACK THIS SEASON, BUT BE SURE TO AVOID THE PEEK-A-BOO EFFECT BY CHOOSING A PIECE WITH A NEUTRAL OR WHITE LINING. PANTS, LAUNDRY BY SHELLI SEGAL, $155. TANK, POLECI, $78. SHOES, STEVE MADDEN, $60. CUFF, CECILE JEANNE, $160. EARRINGS, ROBERTA CHIARELLA, $18

A simple swapping
white right fo


ccessories makes
rkdays or playdays



lighten up

The last thing you want on a hot summer day is a heavy foundation. Trade it in for a sheer, light-reflecting face tint. Revlon's Skinlights Diffusing Tint ($13.95) with SPF 15 offers more coverage than a tinted moisturizer, enough to even skin tone and cover minor flaws. It's also light as air, letting you feel deliciously bare-faced.

12 summer refreshers

Cool new ways to look fresh and pretty—even when it's sizzling

By Carol Straley



make a splash

One whiff of the romantic seaside fragrance My Ocean for Her and My Ocean for Him by Club Med ($28.50 each), and you're miles away at a tropical paradise. Or spritz on Bobbi Brown Beach ($35), a fragrance that conjures up the endless summer scent of salt water, sand and suntan oil. To order, log on to *www.bobbibrown.com*.



shield from the sun

Sun protection goes glam. Estée Lauder In the Sun Shimmering Shield for Lips and Face SPF 30 ($18) leaves a glistening finish on your skin. And when the sun goes down, you can also stroke it on your browbone and cheekbones for evening allure.

smearproof your lashes

Even on a hot, sticky day your lashes can look long and luxe without heavy mascara buildup. Try new Neutrogena Weightless Volume Wax-Free Mascara ($6.99), a gel-based, vitamin-rich formula. No wax means no smudging, no clumps. Taking a dip? New Cover Girl Triple AquaStay Mascara ($5.40) thickens, lengthens and separates lashes with a waterproof formula—and it does the work of an eyelash curler in a few strokes.

buff it out

You can do only so many leg lifts. Time to boost the results of working out with one of the latest anti-cellulite or skin-firming lotions. Coenzyme Q10, your skin's natural defense against sagging, is in Nivea Body Skin Firming Lotion with Q10 ($6.99); moisturizers and safflower oil smooth and tone. Neutrogena Anti-Cellulite Treatment ($19.99) tackles fatty lumps with a blend of ingredients, including retinol, that evens out the skin's surface, making that "orange peel" look less noticeable.



go glossy

Before you slip into sandals, shift out of neutral and go for sun-splashed shades of polish. Luminous pinks and corals are summer's hottest hues. Here, Creative Nail Design Nail Enamel ($6 each) in Glowing, a sunny coral, and Secret Rendezvous, a pearly pink. For salons, call 877-263-6245.



nourish your hair



Treat sun-parched tresses to an exotic fruit cocktail. Natural and organic fruit extracts go into Clairol Herbal Essences Fruit Fusions Collection of shampoos and conditioners ($3.49 each). Try Hydrating for Dry/Damaged Hair with a moisture-rich infusion of blackberry, mango and avocado or Protecting for Color-Treated Hair, with mandarin, starfruit and papaya.

protect peepers

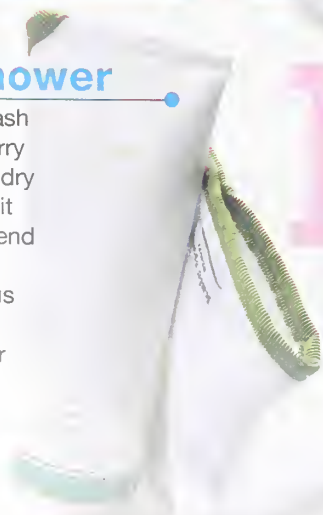


Make sure sunglasses offer 100 percent UVA and UVB protection. Here, tips to flatter your face shape from David Vander Schaaf, executive vice president of Riviera Trading Inc. If your face is round, look for frames with straight lines slightly wider than your face; frames that are horizontal on top and oval on the bottom flatter an oblong face; if your face is square, frames should be at least as wide as your face, with a rounded shape.

stay dry and cool

Soothe underarms with a non-stinging, skin-friendly antiperspirant. Try: Clarins Gentle Care Stick Deodorant with plant extracts ($12.50); Ban Beautifully Smooth Anti-Perspirant/Deodorant Invisible Solid ($2.99) and Soft Solid ($3.99); Dove Silk Protection Soft Solid ($3.79). All are so gentle you can apply right after shaving.

rev up your shower



Kate spade beauty body wash ($38) comes with a plush terry mitt to gently smooth away dry skin, just in time for swimsuit season. The fragrance, a blend of honeysuckle, jasmine, gardenia and other gorgeous blooms, will delight your senses as you lather up. For stores, call 800-946-1963.

get sun-kissed



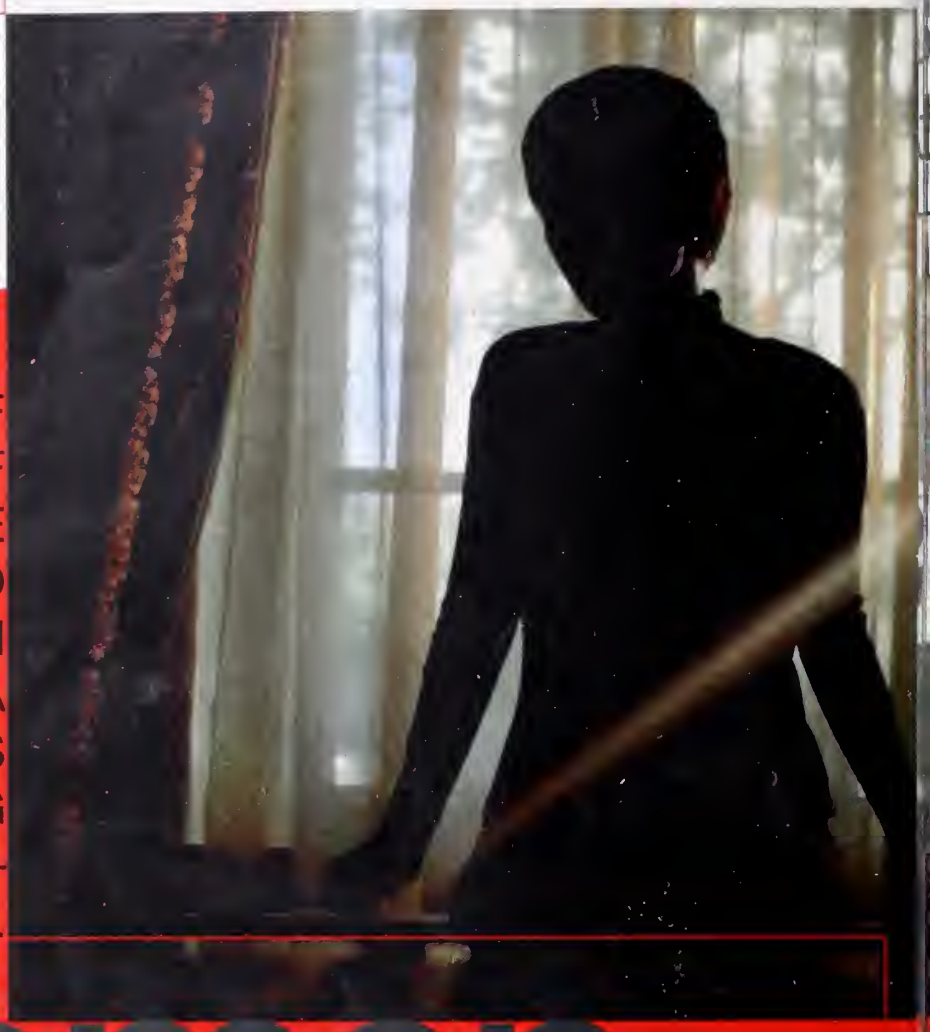
Paula Dorf Bronze Beauty Glimmer ($25) is a fresh take on traditional coppery-brown bronzers. The streakproof pressed-powder formula has a hint of ripe berry, making it flattering for all skin tones. It even looks natural on the palest complexion. To order, call 888-472-8523.

OPPOSITE PAGE: BLUE WRAP SUNGLASSES BY DIOR; THIS PAGE: TANK TOP BY CALYPSO



slick on sheer

Luscious, moisturizing shades of berry, mauve, violet and petal pink lipcolor—all with a shiny finish—give you something to smile about on a hot, sultry day. Two to try: Almay Pure Tints Protective Lip Care SPF 25 ($4.95) and Clinique Moisture Sheer Lipstick SPF 15 ($13.50).



HUNDREDS OF THOUSANDS OF WOMEN ARE SOLD INTO SLAVERY EACH YEAR. IT'S A CRIME THAT'S HAPPENING EVERYWHERE—EVEN IN THE U.S.

Women FOR

BROKE AND UNEMPLOYED, Lena Karimov* thought she'd found a way out of her poverty-stricken town in Latvia when an acquaintance told her there was good money to be made working in the bars in Denmark. Lena, 21, asked where she could sign up. "I was desperate for work," she says. "I had worked some small jobs, but in the end I still had nothing to eat." A female recruiter advanced her $3,000 for the job and travel arrangements, in exchange for Lena's promise to repay the debt from the riches she'd make abroad.

That never happened. Instead, when Lena left Latvia for Denmark two years ago, she found that she'd been sold to a brothel, where she was forced to work as a prostitute. There, Lena and a group of other women from Eastern Europe were essentially prisoners. She didn't dare try to escape for fear of being beaten. "We did everything in our rooms," she says. "We ate there, we slept there and we worked there. It was no better than a pigsty." When Lena became ill with an ulcer and had to be hospitalized, the Latvian recruiter sold her to a brothel in Germany. Eventually, German police raided the brothel and deported Lena back to Latvia. Today, she remains terrorized by her trafficker's threats to have her raped and killed over the unpaid debt.

"She's afraid for her life," says Amala Lane,

** Names have been changed to protect the identities of victims and their families.*

lavery Is Not Yesterday's Issue, : Is Today's Worldwide Outrage

By Adrian Peracchio

N ELITE CAMPUSES across the country, monstrations and debates are focusing the issue of reparations for sla- un of lawyers plans to sue ion on behalf still suffers the damage it has caused. Perhaps that's why there is such reluctance to grapple with the realization that slavery is still practiced throughout the world in numbers that stagger the imagination. Modern slavery exists not in isolated instances, but as a systematic and growing traffic that inv- mbers of women and sia, but also in r degree, in

Smuggled for Sex

Thai slavery cases

e enslaved led by Lon- nal, a United orce on forced labor, ional Labor Organiza- considered con- well above out

SALE

BY MICHAEL J. WEISS

a filmmaker who recently profiled Lena in a documentary on the horrors of trafficking. "When I met her, she was twenty-three years old but looked thirty-five. She hardly trusts anyone anymore."

Lena's experience brings to light one of the hidden scandals of the global economy: trafficking women for sexual exploitation. The CIA estimates that more than 700,000 women and children are traded globally each year, including some 50,000 brought into the U.S. Many of the victims come from countries in the former Soviet Union, where the collapse of communism left millions destitute. Like Lena, they are promised lucrative jobs, but instead are forced to work in brothels or strip clubs. Among the countries with the worst records in trafficking women: Russia, Pakistan, Malaysia and Sudan.

"Most people think that trafficking human beings ended a century ago," says Jesse Sage, associate director of the American Anti-Slavery Group, in Boston. "But the problem of sex trafficking still exists everywhere. When people are in desperate circumstances, they're easily tricked into servitude by criminals."

Increasingly, criminal groups are turning to women as a high-profit, low-risk "commodity." The United Nations recently reported that the international trade in humans has become a $7 billion industry, ranked behind only drugs *(continued)*

For trafficking victims, life becomes a hellish world of sex slavery

(continued) and guns as lucrative criminal enterprises.

"With drugs, you sell them once and they're used up," says Kathryn McMahon, founder of the Coalition to Abolish Slavery & Trafficking (CAST), in Los Angeles. "But a person can be sold and used year after year at a profit." McMahon, whose group helps provide shelter for victims, tells of one brothel owner who, after several trafficked women had become infected with HIV, sold them to a sweatshop owner at a discount. "The sweatshop owner figured he could use them for labor until they became too sick to work," she says.

SLAVES IN AMERICA

The U.S. is increasingly becoming a transit and destination point for trafficking victims. Government officials report trafficking incidents in 20 states, most often in New York, California and Florida. The Immigration and Naturalization Service reports over 250 brothels with trafficked victims in 26 different cities. Hoping to escape the poverty of their homelands, many of the women arrive in search of the American dream. Too often, they experience only a nightmare of sexual slavery.

Despite the heightened security due to the war on terrorism, the number of victims being brought into the U.S. is growing. While legal immigration is now more difficult, criminals are smuggling women into the country unchecked. "After September eleventh, women became more reliant on traffickers," says Jennifer Stanger, the CAST media/advocacy director, in Los Angeles. "When you put the squeeze on immigration, business booms for traffickers."

The traffickers themselves don't fit any single profile. In the U.S., they tend to be small crime rings, organized families and loosely connected criminal networks, according to the CIA. Those who operate out of Eastern Europe tend to be members of Russian crime syndicates based in Moscow and the Ukrainian capital of Kiev.

"It's a very profitable crime," says McMahon. "The local recruiter makes money by selling the person to a jockey, who makes money by transporting the person to a new country where a broker then sells the person to a brothel. A lot of people make money at it."

NO WAY OUT

For the victims, life becomes a hellish world of sex slavery. With brothel owners keeping the books—often charging for food and even the use of beds for sex—the women find it impossible to pay off the debt they owe to the traffickers. Inge, a 33-year-old woman lured from Ukraine to Bosnia in 1999, was confined to a room behind a bar where she ate, slept and serviced clients. She and the other women, mostly twentysomethings from the former Soviet Union, had access to a primitive toilet and a filthy shower. And they were forbidden from leaving their quarters and punished for so much as a harsh word to the owner.

"I did not earn anything there," says Inge. "The owner would fine me for any small infraction and take away what I had saved." Some of those who complained were sold to other bars in another town or country. Others mysteriously disappeared, likely murdered by ruthless traffickers.

Given such reports, it's no wonder that victims are simply too frightened to attempt an escape. If they do try to flee and fail, they face torture to themselves or to the families they left behind. "It's extremely dangerous for these women," says Ann Jordan, director of the Initiative Against Trafficking in Persons at the International Human Rights Law Group, in Washington, D.C. "They've traveled to a country where they don't speak the language and trust nobody. They are poor, needy and have experienced enormous psychological damage."

Ironically, the few victims who do manage to escape often face another type of punishment: Prosecutors in many



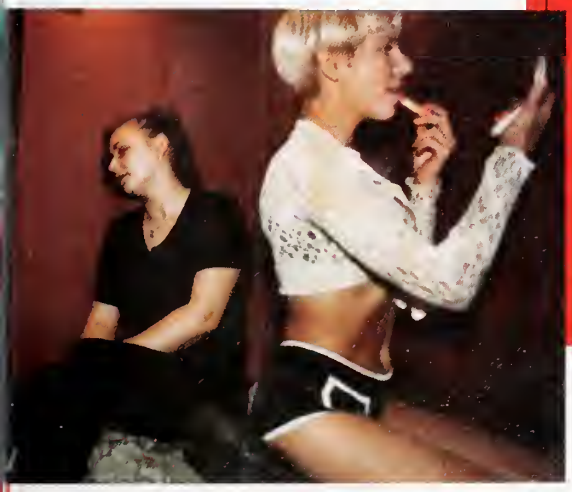
These victims (right) were trafficked to the U.S. to work as prostitutes. Far right: At a brothel in Israel, two women from the former U.S.S.R. prepare for their "job"

Sex Slavery, Thailand to New York

Thousands of Indentured Asian Prostitutes May Be in U.S.

countries typically ignore the traffickers while deporting their female victims as illegal aliens. Marjana, a 29-year-old woman trafficked from Bulgaria to Greece in 1997, had been confined to a brothel for months when police raided the establishment. They promptly arrested her and a dozen other women as criminals. Greek prosecutors cared more about Marjana's status as an undocumented migrant than the abuse she'd suffered from the traffickers. After four months in prison, she received a suspended sentence and was summarily deported.

Even if the traffickers are arrested, victims are usually afraid to speak against them. Those who do agree to testify may find their bail posted by the trafficker or one of his associates and sold again so they can't serve as a prosecution witness. "The message from the trafficker and his cronies is, 'If you testify, we'll kill your family,'" says Martina Vandenberg, an attorney and researcher for Human Rights Watch (HRW), based in Washington, D.C. "And these traffickers know exactly where the women come from and how to find their families."



WHEN THE LAW WON'T HELP

To date, trying to stop the traffickers has proven futile. Few countries have tough laws to halt the trade and bring the traffickers to justice. In some countries, corrupt government officials simply look the other way. HRW's Vandenberg recently completed a fact-finding trip to Bosnia, where she found police officers moonlighting as waiters in brothels. "In one case, local police officers owned a share of the brothel as members of a local soccer club," she says. "Many women said that their clients included police officers. Even though prostitution is illegal in their country, the police officers come in and get free sex in exchange for not busting the place."

Last year, the U.S. State Department issued a long-awaited report detailing the problem around the world, and criticized 23 countries for lacking significant efforts to eliminate trafficking—including allies like Israel, Saudi Arabia and South Korea. U.S. officials hope that the negative publicity will compel these countries to improve their efforts to disseminate information, protect victims and prosecute traffickers. And some progress has been made: Italy is considering legislation that would make human trafficking a crime, and Moldova has recently approved a measure criminalizing the practice. This month, the State Department issues an update of its report on trafficking, warning that those countries that fail to show improvement by next year will face punishing economic sanctions.

But even as the U.S. works to eliminate trafficking abroad, it must also contend with its own mixed record. Two years ago, Congress passed the Victims of Trafficking and Violence Protection Act, which called for increased awareness programs and stiffer penalties for those convicted of trafficking. But the Bush Administration has been slow to provide funding for the programs, and the government has yet to open shelters to provide a safe haven for victims trafficked into the U.S. During all of last year, the Department of Justice (DOJ) prosecuted only 34 traffickers, and most of their sentences were light (typically less than two years). This year, officials report 91 open trafficking investigations, some of which have remained unresolved for years.

One new development that may help: Victims of trafficking in the U.S. are now eligible for a special T-visa that grants them legal immigration status and allows them to apply for permanent residency—provided they cooperate with prosecutors trying to bring the traffickers to justice. Still, "It's hard to get people to come forward," says DOJ spokesman Dan Nelson. "Traffickers manipulate the victims' fear by telling them that there will be repercussions if they contact the authorities." *(continued on page 162)*

WHAT YOU CAN DO TO HELP STOP TRAFFICKING

- Write your members of Congress and urge them to fully fund the Victims of Trafficking and Violence Protection Act of 2000.
- Help raise awareness about the issue. Vital Voices Global Partnership offers an online tool kit for that purpose on its Web site: *www.vitalvoices.org*.
- If you suspect that someone is a victim of trafficking or is being forced into servitude in a brothel, sweatshop, farm or home, contact the trafficking information line operated by the U.S. Department of Justice: 888-428-7581 (9 A.M. to 5 P.M., E.S.T., Monday to Friday).



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Only one entry per email address is allowed. In the event of a dispute, entry will be deemed made by the holder of an established email account associated with the entry. Meredith Corporation assumes no responsibility for entries they are unable to process due to network, hardware or other technical failures; or incomplete, damaged, misdirected, illegible or lost entries. Meredith Corporation reserves the right, in its sole discretion, to cancel sweepstakes if it becomes technically corrupted or because of non-authorized human intervention. In the event of cancellation, Meredith Corporation reserves the right to award the prize to eligible, non-suspect, entries received prior to date of cancellation. The use of automated entry devices or any other conduct which impedes the integrity of the sweepstakes is prohibited.

On or about June 7, 2002, a random drawing from among all eligible entries received will be conducted under the supervision of Meredith Corporation. Winner will be notified by mail and/or email. Decisions of judges are final and binding in all respects. Entrants agree to be bound by the Official Rules. The awarding of any prize is contingent upon full compliance with the Official Rules.

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Trip must be taken by 5-1-03 and is subject to availability. Winner is responsible for all other expenses. No prize transfers or substitutions or cash in lieu of prize are allowed. Trip guest must be at least 18 years of age.

Odds of winning depend upon the number of eligible entries received. Estimated circulation of this offer: 1 million total Meredith and Atlantis.com website users and 4.1 million magazine circulation. Information provided by registrants will be shared with Meredith Corporation and Atlantis, Paradise Island.

Entry constitutes permission to use winner's entry, name, hometown, voice, likeness, photograph and any statements regarding this sweepstakes for editorial, public relations, promotional and advertising purposes on behalf of Meredith Corporation without compensation, unless prohibited by law. Grand Prize winner will be required to sign an Affidavit of Eligibility and winner and travel companion (parent/guardian if a minor) must complete a Release of Liability/Publicity within 10 days of notification or an alternate winner will be selected by a random drawing. By participating and winning a prize, winner releases sponsors, their parents, affiliates, subsidiaries and agencies and their respective directors, officers, employees and agents from any and all liability with respect to the prize. Subject to all U. S. federal, state and local laws and regulations. Void in Florida and where prohibited. Taxes on prize are the sole responsibility of the winner. For the winner's name, send a stamped, self addressed envelope to: Just Relax Spa Sweepstakes, 1716 Locust Street, LS-205, Des Moines, IA 50309. This sweepstakes is sponsored and promoted by Meredith Corporation, 1716 Locust Street, Des Moines, IA 50309-3023; Atlantis Paradise Island, P.O. Box N-4777, Nassau, Bahamas and The Bahamas Ministry of Tourism, c/o British Colonial Hilton Rum Cay Room, Marlborough Street, Nassau, Bahamas

A toast to Walt



Wake up to some breakfast fun wit Mickey's Classic Toaster. Not on does the toaster play the "Mickey Mouse Club March" each time the toast pops up, Mickey's image is toasted onto each bread slice. Children will love to help out in the kitchen when toasting is required.

New from Villaware, and just in ti to toast Walt Disney's 100th birthda the toaster has extra-wide toasting slots, a defrost setting and a remov crumb tray for easy cleaning. The browning control has 5 settings tha are switched simply by turning Mickey's glove. The toaster also features a lighted on/off safety sw a cancel switch, and when the kid aren't around, you can even turn c the music!

Constructed of stainless steel, th two-slice toaster measures 12½"x10½" ($89.95). The four-slic toaster measures 18"x10" and has independent heating units that allo you to toast bagels on one side an bread on the other side at different temperatures ($129.95). *Prices inclu shipping, handling and sales tax.*

TO ORDER: Call 800-763-6393. Or s a check to LHJ® Resources, Dept. LO Box 9381, Des Moines, IA 50306-938 Or visit *www.lhjcatalog.com*. Please a $15 to total order for all shipments out of the contiguous U.S.

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'r 10 weeks my weight was down 104 lbs. I lost weight so fast my tor ordered me to slow down."

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- **Powerful herbal formula helps you stop snacking.**

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hinese Diet Tea's secret herbal ingredients act in four o help you lose weight.

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uces the absorption of animal fats and dairy products by as h as 83%. This controls the fattening effects of butter, ese, pate, sausages and fatty meats.

oles the digestion of food in the intestine. This prevents food g in your stomach for 24 hours or more and contributing to "pot belly" look. The faster digestion of food means fewer ries are absorbed into the body.

as an effective appetite suppressant to reduce snacking.

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The difference a daddy makes



No, he may not be as nurturing as you are. But the special way a father interacts with his kids has a profound—and positive—impact

By Hara Estroff Marano

Eden Williams was not even 6 when she flounced down the stairs in a dress propped up with two wads of toilet paper where her breasts will eventually be. "What do you think, Daddy?" she said, flirting.

"Those are such pretty shoes," said her father.

"No, Daddy, that's not what I mean," teased Eden.

"I love your dress," said her father.

"Daa-dee," said a mock-exasperated Eden, who spun on her heels and retreated upstairs.

Her father, of course, understood just what she meant. And that sparked a revelation. "I recognized that she needed acceptance from her father of the woman she was going to become," he says. "She went back upstairs. I thought, 'What if I wasn't there? Where would she have gotten it? She would have looked for it elsewhere.'"

Eden's dad, Richard P. Williams, Jr., 37, didn't know how right he was. Looking for acceptance elsewhere may be what nature propels girls who come from homes without fathers to do. In a series of ongoing studies, researchers are finding that the absence of a biological father in a household is strongly associated with girls who enter puberty early and begin precocious sexual activity.

Williams' intuitive grasp of the need of children for their fathers led him to change his career so that he could be more involved in his daughter's life and devote time to helping other men recognize the importance of fathering. He is now assistant director of the Fathers Workshops of York County, Pennsylvania.

HOW FATHERS FIGURE

Exactly how simply having a biological father in the home could affect the age at which a girl enters puberty is a story that is still unfolding. Psychologist Bruce J. Ellis, Ph.D., of the University of Canterbury, in New Zealand, is collaborating with researchers at Vanderbilt University, in Nashville, and other universities in the U.S., in studies that are monitoring the development of several hundred girls. Some of the girls live in biologically intact families; others live with their mother and stepfather or a cohabiting partner of their mother.

Girls who live in a family with a father figure other than their biological father tend to reach puberty earlier than girls in intact families, Ellis has found. Among the girls in biologically intact families, the ones who reached puberty latest generally had the biological fathers who were the most loving and who spent the most time caring for them when they were 4 and 5.

Pheromones may partly account for this effect, says Ellis. These odorlike volatile chemicals are given off through skin or sweat without our awareness; they serve as subtle signals exchanged between people in close proximity and can set off many kinds of physiological reactions. Women's reproductive systems are sensitive to pheromones; they are the reason female dorm mates tend over time to menstruate on the same monthly cycle.

Within a family, *(continued)*


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exposure to the pheromones of biological fathers in childhood may inhibit sexual maturation of daughters, says Ellis. And exposure to the pheromones of unrelated adult males, such as stepfathers, may accelerate puberty.

Stepfathers can and often do give much of the love that children need to develop well. But what they don't supply, because they are biologically unrelated, are the precise genetically tuned chemical signals that appear to put the brakes on pubertal development in daughters.

WHAT DADS TEACH KIDS

Although it might be the most dramatic influence, timing of puberty is not the only positive effect involved fathers have on their children. Fathers' influence seems to come, at least in part, through the unique ways that fathers interact with their children. Fathers parent differently than mothers do. "Mothers do more caregiving and tend to be more verbal with children," reports psychologist Ross Parke, Ph.D., of the University of California at Riverside, who has spent more than 30 years directly observing fathers and mothers with their children. "Fathers typically interact with their children through play." And the play of fathers is more physical and unpredictable than that of mothers and helps kids develop in ways that complement the influences a mother provides.

Fathers teach kids emotional control. Men and women are both emotional, stresses Parke. "But they express emotions in different ways. Women label emotions and talk about them. They carry the language of emotions. Fathers carry the regulation of emotions." Men who actively play with their children appear to instill in them emotional self-control and help them learn to recognize the emotional signals of others.

Because the play of fathers is wilder, more erratic and more physical, whooping children up to higher levels of excitement, it requires a certain amount of unspoken coordination between father and child to keep the play within t bounds of pleasantness. "Kids lea how to read the emotional responses others and how to then regulate the own levels of emotion," says Parke.

And what children learn at home th deploy in other settings. The ability get a grip on emotions, especially neg tive emotions such as anger, has payo in the classroom. Having a reasonab degree of control over their own em tional states also permits kids to foc attention on their peers in social situ tions. In fact, studies of hundreds children by Parke and others ha shown that the children of involved thers make better, longer-lasting frien ships throughout their lives and g along better with their peers, as rat both by kids and teachers.

Fathers curb children's aggressi tendencies. There are some ways ther involvement has a stronger imp on boys than on girls, says Willi Pollack, Ph.D., clinical assistant prof sor of psychiatry at Harvard Medi School. He has followed a group dads from before their children w born to the children's fifth year of l The care of fathers seems to particul ly curb aggressive impulses in boys a to broaden their ability to get alo with girls as well as with other boys.

Take what Pollack calls "kamik play," that extremely rough-a tumble running around that fath seem to have a knack for just as mo are trying to quiet things down bedtime. "Kamikaze play is not a n ative," reports Pollack. If fathers d with their sons, and then hold them the boys calm down, it has measura positive effects. "Far from turn boys into violent little superheroes teaches boys better control mec nisms, so that they have fewer o bursts. They are also less likely to out and more likely to be nurturing.

Fathers teach kids to be probl solvers and risk takers. When a b is fussing, mothers tend to be quic than fathers to come to the rescue v a bottle or toy, says Parke. And cause fathers are more results-orie and less sensitive to the pleading older children than Mom, *(contin*


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they tend to be more insistent that their kids work through a problem, even if doing so causes some emotional upset. This helps children learn how to cope with frustration and figure things out for themselves.

Fathers are also more likely than mothers to encourage physical exploration and take chances. When their children are climbing on the jungle gym, for instance, fathers are likely to urge them to climb to the top, while mothers are more cautious. It's not that mothers don't challenge their kids sometimes, too, says Parke. "It's just that fathers' feedback to children seems to be a more potent predictor" of children's abilities to surmount difficulties.

THE DADDY DIVIDEND

Of course, devoted dads are not simply men who spend time playing with their kids, but men who are attuned to their children whenever they spend time with them. They are, observes Parke, emotionally available for their children—not by their own reckoning but by their kids' judgment. They take time to understand what their children are up to and what their concerns are. When a kid needs to talk, they know that they need to listen.

When the relationship with their father is close and warm, kids do better on all measures that predict future success—school progress, academic achievement, highest grade completed—as well as on all measures of social and emotional well-being. To the degree that people perceive themselves as having been loved by their father, says Ronald P. Rohner, Ph.D., the founder and director of the Center for the Study of Parental Acceptance and Rejection at the University of Connecticut, in Storrs, they hit the psychological jackpot: Such individuals have a self-confidence and ability to adjust that sets the stage for achievement in many domains of life.

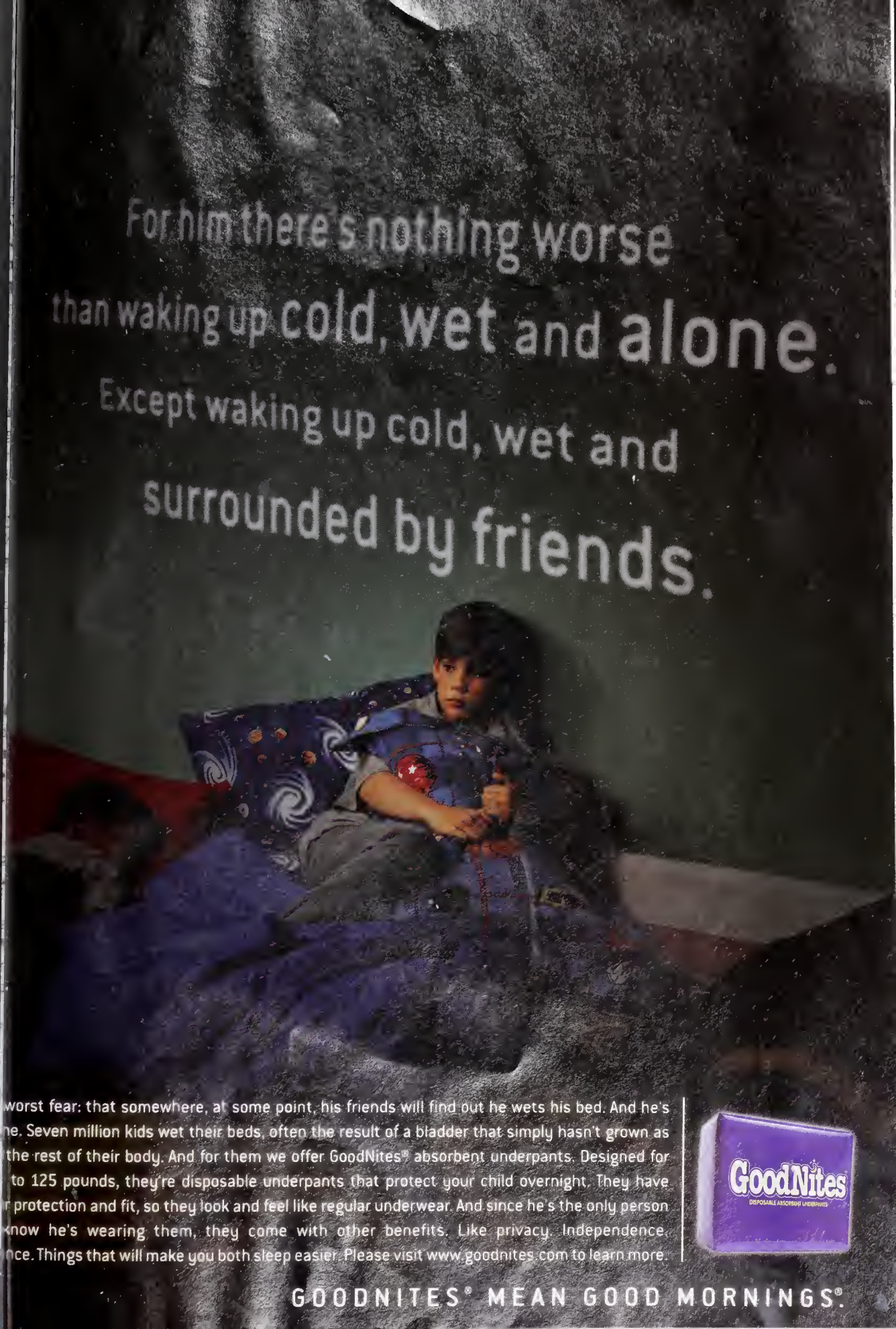
MAKING FATHERS OUT OF MEN

Of course, creating a family in which Dad plays a strong nurturing role takes more than just a father who's up to the challenge: What mothers do as parents affects what fathers do as parents. Historically, women often have been gatekeepers to their children and managers of their schedules. Therefore, mothers have a special responsibility for creating devoted dads, according to Wade Horn, Ph.D., a child psychologist who is assistant secretary for the Administration for Children and Families for the Department of Health and Human Services and former president of the National Fatherhood Initiative. His advice: It's important for mothers to actively encourage father involvement.

Give Dad time to be with the kids himself. Even if it means finding excuses that get you out of the house, it's important that you leave your husband in charge of the kids—and that you signal your confidence that everyone will be just fine without you. "What you don't want to do is say, 'I'm going to be out for the evening, and here's a list of fifteen things you can do with the kids,'" says Horn. "That communicates a lack of confidence and won't help build his comfort level as a caregiver."

Let fathers figure things out themselves. If your husband is trying unsuccessfully to comfort the crying baby, for instance, don't come to the rescue with directions about just how the baby likes to be jiggled. That could be interpreted as criticism, says Horn, and could make your husband less willing to comfort the baby the next time.

Let Dad be Dad. When your husband is with the kids he'll probably do things differently than you might—he may have odd-seeming ideas about how to color-coordinate the children's outfits, for instance, or of what constitutes a nutritious lunch—but you have to remember that that's okay. "Mothers and fathers have different frames of reference," says Horn, "and it's wrong to hold him to your standards. Remember, the important thing is that Dad is feeding the kids or helping them get dressed. That's what you want." ■



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Mommy's pets



All my children: Taylor, Winnie, Lucy and Ricky. The last two are the ones with fur

The guinea pigs were supposed to prepare my kids for the responsibilities of adulthood. While that never happened, valuable lessons were learned nonetheless

By Susan Stewart

For the better part of a year, I have been serving as doula to a mother guinea pig named Lucy. Every morning I seed and section an orange, which I feed to Lucy in tiny segments as she nurses her babies. In the afternoons, I bring her spinach to replace the calcium she's losing. I scratch behind her large, floppy ears, and I scratch her large, floppy behind. I change her litter. A lot.

Do I love Lucy? Of course. I also love her husband, Ricky, although not as much. Are these fat little fur balls my guinea pigs? No, they belong to my children. I just take care of them.

When the guinea pigs came home from the pet store two Christmases ago, the children, then 10 and 12, were breathless with promises. Yes, they would change the litter twice a week, and rinse the water bottles every day (sectioning the oranges was always to be my job).

Did I expect them to make good on these promises? Sure, about as often as they walk the dog (weekly, unless they have a soccer game, a social engagement or homework of any kind). At present, the dog and the guinea pigs constitute our livestock. But in the past we have harbored a series of unfriendly, incontinent cats, a turtle or two and all manner of poignantly short-lived pets. I have single-handedly kept all of these alive (and, [illegible] feared [illegible] paws when [illegible]

In terms of the pets, my children don't do squat. It all falls to me.

This is where I am supposed to rail and rage about the unfair load that I have been forced to shoulder with regard to our various animals, where I worry that my children, having failed this test of responsibility, will never grow into mature adults. But the thing is, I just can't get too worked up about it. I kind of enjoy taking care of the pets. In fact, I kind of love it.

Lucy's first pregnancy was exciting for all of us—even my husband, who balked at the notion of guinea pigs from the start, and has yet to change the litter once. Every day, Lucy would get a little rounder. Late in the pregnancy, we could actually feel the fetuses moving inside her. Lucy's third trimester (if guinea pigs have trimesters) coincided with a family vacation. We boarded her and Ricky at the pet store (the vet thought the barking dogs in her office might cause Lucy to go into labor prematurely). We called daily, terrified that the blessed event would come before we got home.

It didn't. It happened on a regular Thursday afternoon, in my study. The 12-year-old and I watched a lot of it—more, frankly, than we wanted to. It was remarkable and upsetting and bloody. It was birth. Afterward, Lucy lay spent as her three *(continued)*

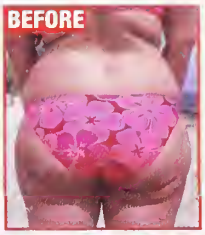
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MOMMY'S PETS

Continued

babies huddled around her, looking cute (guinea pigs, unlike mice and gerbils, are born with full coats of fur).

As for the dad, Ricky was . . . excited. I was prepared for this. I had read in the guinea pig handbook that a female can become pregnant 42 hours after giving birth. I was so excited to [illegible] witho[illegible]

daughter was outraged.

"How can he even *think* about that?" she demanded, "after what Lucy's been through!"

"Honey," I said, "female guinea pigs are from Venus; males are from Mars."

She laughed. "I think we'd better buy a second cage."

Suddenly we weren't just a harried mother and an adolescent daughter; we were two women, discussing the never-ending battle of the sexes. The guinea pigs were enriching us in wa I hadn't anticipated.

And they continue to enrich us, ev as they threaten to take us over. W gave away two of Lucy's first thr babies, and then, feeling sorry for ever-excitable Ricky, allowed him brief conjugal visit with his belove So now Lucy has five new babies. second litters tend to be larger th first ones—though still only two n ples. Beneath her spiky fur, she loo exhausted. She really needs my ha sectioned oranges now.

The cages are on the back porch the moment, because the weather h

My children n longer need me—or if they do, they try no to show it. But the guinea pig would not last a day without my loving car

been good, but when it gets too hot, t come in—to the dining room. (T were in the kitchen for a while, but e I drew the line there). In the winte expect they'll invade my study again

The guinea pigs are not highly int gent. In truth, they are not e marginally intelligent. While they reputed to be odorless, this is wis thinking. Except for play dates and dle time, they stay in their cages. T cages, however, tend to infiltrate house. Tiny shards of pine bedding up in surprising places: my jewelry my hair, the pockets of my suit jac my dinner. Plus, guinea pigs shed.

These are not serious complai I'm making them the way I comp that my younger daughter won't up her clothes. It's annoying, but hardly a deal breaker. The sum o pigs, like the sum of the childre greater than their smelly, messy p

't love the guinea pigs as much ove my children, but I love them me way: like a mother.

fore the pets came, I would have ou that parents buy pets to pre- heir children for the responsibili- of parenting. Now I think ently. I think we buy pets to re- ourselves of it.

e got the dog when the older child d first grade. It was perfect tim- Babs was eight pounds—just the that same child had been when rrived. She was almost as much le and very nearly as cute. She perfect toddler substitute.

e got our guinea pigs around the of adolescence—the children's, e pigs'—and just before a friend surprise fourth baby. The friend ed us of trying to compete, and asn't far off.

lon't have babies anymore. My n children are complex, chal- ng and often unlovely creatures. no longer worship me, and if need me, they try not to show it. dog, on the other hand, needs me uch, I literally can't walk up the stairs without her padding along behind me. And the guinea pigs would not last a day without my tender care. They shed like cats and squeal like infants. They do everything that infants do, in fact, except wear diapers (and that might not be a bad idea).

There was a brief time in my life when I didn't need pets—it was when I had babies. Now that my babies are practically gone, I'm finding a great deal of satisfaction in caring for the little critters I pretend belong to them. One day, when I have no children at home at all, I may buy another cat or two. Cute ones, that I can talk to when nobody is listening and watch TV with on long winter evenings. After all, kids will grow up and leave you, but litter boxes are forever. ■

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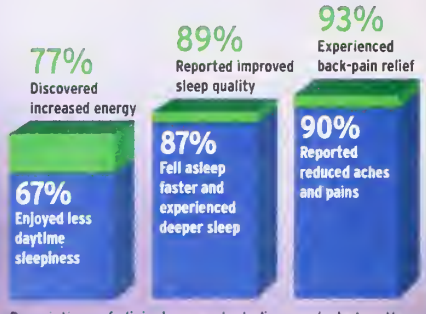
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Clockwise from top: Corn Bread with Chives; Arugula and Beet Salad; Paella; Spicy Roasted Chicken; and Beef Roll-Ups

Come on over!

Gathering the gang for a casual summer party? Our buffet menu and do-ahead plan makes entertaining easier than ever

By Jennifer Wilkinson

PAELLA

Prep time: 50 minutes
Cooking time: 25 minutes

5 tablespoons olive oil, divided
1 large onion, diced
1 large red bell pepper, diced
1 large green bell pepper, diced
¾ pound chorizo sausage, sliced
3 cloves garlic, crushed
3 cups basmati rice
5½ cups water
½ teaspoon salt
¼ teaspoon saffron
1 pound sea scallops
1 cup frozen peas, thawed
1 pint grape tomatoes
1½ cups pitted black olives

1. In a large Dutch oven heat 3 tablespoons oil over medium-high heat. Add onion, peppers and sausage and cook until soft, 5 minutes. Add garlic and cook 2 minutes more, stirring occasionally. Stir in rice, water, salt and saffron and bring to a boil. Reduce heat; cover and simmer 15 minutes.
2. In a large nonstick skillet heat remaining oil over medium-high heat and cook scallops until just cooked through, about 1 minute per side. Transfer to a plate. Repeat with remaining scallops. In the same skillet cook peas until heated through, 1 minute. Stir scallops, peas, tomatoes and olives into rice. Serve immediately. Makes 6 to 8 servings.

Per serving: 620 calories, 29.5 g total fat, 7.5 g saturated fat, 57 mg cholesterol, 1,233 mg sodium, 65 g carbohydrates, 29 g protein, 51 mg calcium, 3 g fiber

SPICY ROASTED CHICKEN

Prep time: 5 minutes
Roasting time: 40 minutes

¼ cup dry breadcrumbs
1 teaspoon paprika
1 teaspoon cumin
1 teaspoon curry powder
1 teaspoon chili powder
1 teaspoon salt
¼ teaspoon freshly ground black pepper
8 chicken thighs

(continued)

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SOMETIMES WE WONDER WHY WE EVEN BOTHER WITH AN EXPIRATION DATE.



Maybe it's the crunchy oat clusters with a touch of honey. Maybe it's the three different types of crispy flakes in each box. Whatever it is, that irresistible combination has a way of quickly disappearing. Go ahead, dig in.

BREAKFAST MADE RIGHT Post

(continued) Heat oven to 400°F. In a medium bowl combine all dry ingredients, and coat both sides of chicken. Place chicken, skin side up, in a jelly-roll pan lined with foil. Bake 20 minutes, then turn chicken over and bake 20 minutes more. Makes 8 servings.

Per serving: 195 calories, 12.5 g total fat, 3.5 g saturated fat, 68 mg cholesterol, 386 mg sodium, 3 g carbohydrates, 16 g protein, 21 mg calcium, 0 g fiber

CORN BREAD WITH CHIVES

Prep time: 10 minutes
Baking time: 20 to 25 minutes

1¼ cups yellow cornmeal
¾ cup all-purpose flour
2 tablespoons sugar
2 teaspoons baking powder
1 teaspoon baking soda
1 teaspoon salt
2 large eggs
⅔ cup milk
⅔ cup buttermilk
3 tablespoons unsalted butter, melted
3 tablespoons chopped fresh chives

Heat oven to 425°F. Grease a 9-inch-square baking pan. Set aside. In a large bowl combine cornmeal, flour, sugar, baking powder, baking soda and salt. In another bowl, whisk together eggs, milk, buttermilk, melted butter and chives. Stir in dry ingredients just until mixed. Pour batter into the prepared pan and bake 20 to 25 minutes, until a toothpick inserted in the center comes out clean. Cool in pan. Makes 8 servings.

Per serving: 215 calories, 7.5 g total fat, 4 g saturated fat, 68 mg cholesterol, 620 mg sodium, 31 g carbohydrates, 6 g protein, 127 mg calcium, 1 g fiber


Paella and Spicy Roasted Chicken

SESAME BREAD STICKS

Prep time: 13 minutes plus rising
Baking time: 12 to 15 minutes per batch

¾ cup boiling water
2 tablespoons butter
2 teaspoons sugar
1¼ teaspoons salt
1 package active dry yeast
¼ cup warm water (105°F. to 115°F.)
3½ cups sifted all-purpose flour, divided
2 egg whites, beaten to soft peaks
1 to 2 tablespoons milk
2 to 3 tablespoons sesame seeds

1. In a large bowl mix boiling water, butter, sugar and salt *(continued)*

1-2-3 entertaining

Our simple prep plan gets everything on this menu to the buffet table on schedule, but, best of all, it gives you lots of time to spend with your guests.

2 DAYS AHEAD

- Make Almond Lace Cookies. Store in an airtight container with waxed paper between layers at room temperature.

1 DAY AHEAD

- Begin making Beef Roll-Ups (up to Step 1. Wrap well and refrigerate).
- Make Sesame Bread Sticks. Store in an airtight container at room temperature.
- Make tart shells for Mixed Berry Tartlets; wrap well and store at room temperature.

DAY OF

- Begin making Spicy Roasted Chicken. (Season chicken with spice mixture, then cover and refrigerate.)
- Make Corn Bread with Chives.
- Steam beets for Arugula and Beet Salad; remove peel and refrigerate.

4 TO 5 HOURS BEFORE SERVING

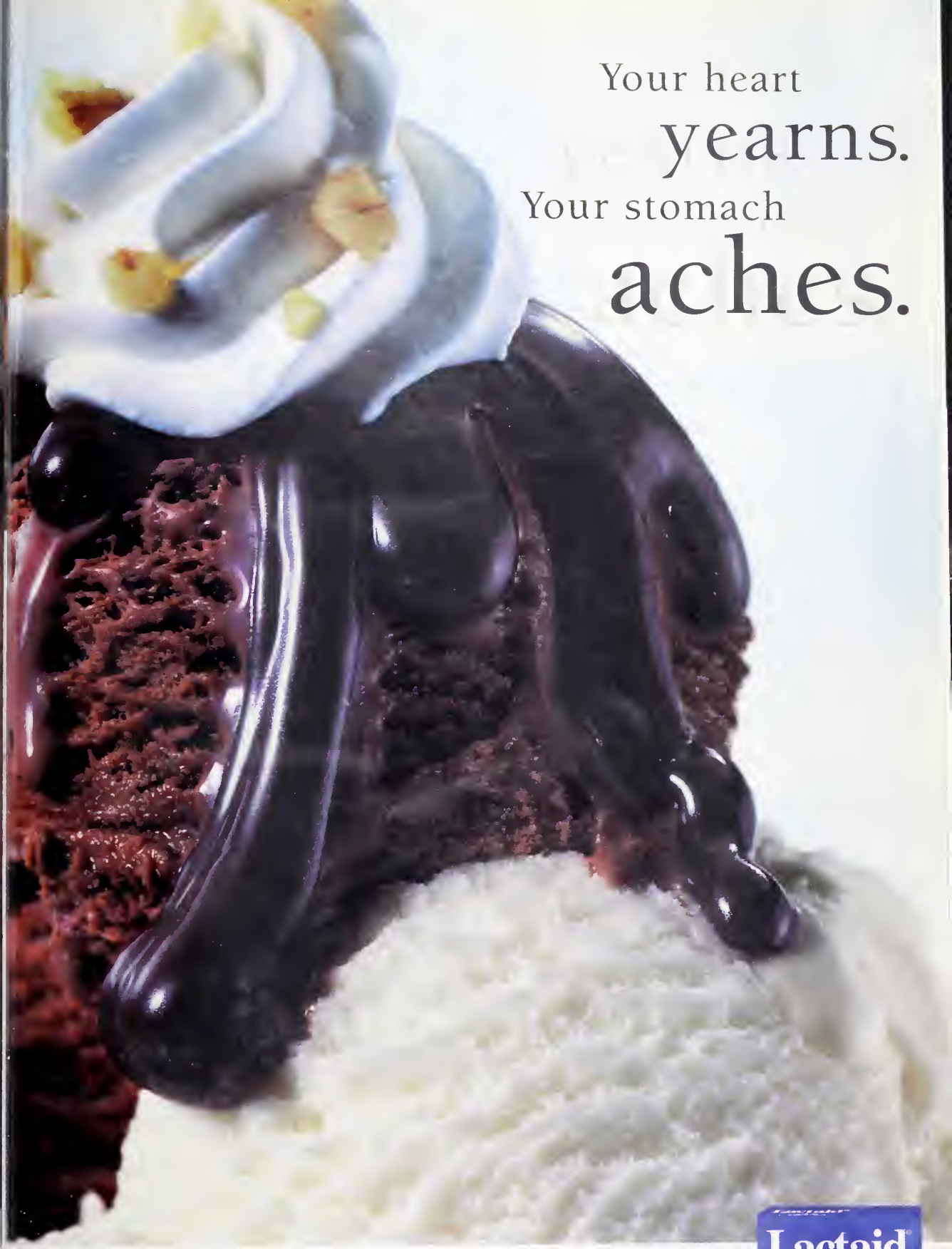
- Make dressing for Arugula and Beet Salad and refrigerate.
- Begin making Sangria (up to Step 1).
- Make filling and roll beef for Beef Roll-Ups.
- Make Yogurt-Herb Dip.

1 TO 2 HOURS BEFORE SERVING

- Cook Spicy Roasted Chicken.
- Cook Beef Roll-Ups.
- Cook Paella.
- Finish making Sangria.
- Assemble Arugula and Beet Salad.
- Cut Corn Bread with Chives.
- Whip cream for Mixed Berry Tartlets and refrigerate.

15 MINUTES BEFORE SERVING DESSERT

- Assemble Mixed Berry Tartlets.



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(continued) and cool to room temperature. Set aside. Sprinkle yeast over warm water and let stand 5 minutes, until yeast is bubbly. Add yeast mixture to water mixture. Beat in 1½ cups flour. Stir in egg whites, then remaining flour.

2. Grease a large bowl. On a lightly floured surface, knead dough until elastic, 8 minutes. Gather dough into a ball and place in prepared bowl, turning to grease top. Cover bowl and let rise in a warm, draft-free place until doubled in bulk, about 1 hour.

3. Heat oven to 400°F. Lightly grease two large cookie sheets. Punch dough down, then knead gently, 2 minutes. Divide dough in half. Roll one portion into a rectangle about 15 inches long, 8 inches wide and cut into thirty 8-inch-long strips. Roll lightly with floured hands just enough to round cut edges. Place sticks ½ inch apart on prepared sheets (keep remaining dough covered). Cover and let rise until doubled in bulk, about ½ hour.

4. Brush sticks with milk, sprinkle with sesame seeds and bake until golden brown, 12 to 15 minutes. Cool on wire racks. Repeat process with remaining dough, milk and sesame seeds. Makes about 5 dozen bread sticks.

Per bread stick: 35 calories, 1 g total fat, .5 g saturated fat, 1 mg cholesterol, 54 mg sodium, 6 g carbohydrates, 1 g protein, 5 mg calcium, 0 g fiber



Yogurt-Herb Dip and Sesame Bread Sticks

YOGURT-HERB DIP

Total prep time: 10 minutes plus chilling

¾ cup large-curd cottage cheese
½ cup plain yogurt
1 tablespoon chopped fresh dill
1 tablespoon chopped fresh chives
1 tablespoon chopped fresh parsley
1 large garlic clove, pressed
½ teaspoon salt
⅛ teaspoon freshly ground pepper

In a small bowl mix together all ingredients. Refrigerate at least an hour before serving. Makes 6 to 8 servings.

Per tablespoon: 10 calories, .5 g total fat, .5 g saturated fat, 2 mg cholesterol, 94 mg sodium, 1 g carbohydrates, 1 g protein, 16 mg calcium, 0 g fiber

SANGRIA

Total prep time: 10 minutes plus chilling

1 bottle (750 ml) dry red wine
1 blood orange, sliced
1 lemon, sliced
1 lime, sliced
3 tablespoons Cointreau or orange liqueur
Club soda to taste
½ cup strawberries, stemmed, for garnish
Mint sprigs, for garnish

1. Combine wine, orange, lemon and lime in a large pitcher. Add Cointreau. Cover and refrigerate 4 to 5 hours.

2. When ready to serve, remove from refrigerator, stir well and add club soda. Pour over ice into glasses. Add a strawberry and a sprig of mint for garnish. Makes 8 to 10 servings.



Fruity Sangria

Per ½-cup serving: 100 calories, 0 g total fat, 0 g saturated fat, 0 mg cholesterol, 5 mg sodium, 8 g carbohydrates, 1 g protein, 27 mg calcium, 1 g fiber

ARUGULA AND BEET SALAD

Total prep time: 40 to 50 minutes

6 medium beets (about 2 lbs.)
½ cup extra-virgin olive oil
¼ cup fresh orange juice
1 tablespoon raspberry vinegar
1 medium garlic clove, pressed
1 teaspoon salt
¼ teaspoon freshly ground pepper
4 bunches arugula
1 small red onion, thinly sliced (optional)

1. In a steamer basket over 1 inch of boiling water, steam beets until tender, 35 to 45 minutes (check water halfway through, adding more if necessary). Run beets under cold water, rubbing to remove peel. Slice thinly and set aside. *(continued)*


Some Like it Cool
Some Like it Hot
NEW
Wish Bone
Dressing & MARINADE
Lemon Garlic & Herb
Tangy Honey Mustard, Asian Sesame & Balsamic Olive Oil & Herbs

Ready to wake up to a healthy breakfast? Now we're talking almonds!

Whenever you sit down for **breakfast,** whether we're in a wonderful homemade granola or one of your favorite store-bought cereals, we make every spoonful more **delicious,** and more **nutritious.**

California Almond Granola

(Makes nine servings – lasts 2 weeks)

- *3 Tbs. packed brown sugar*
- *3 Tbs. honey*
- *1 1/4 tsp. sesame oil*
- *1/4 tsp. cinnamon*
- *1/4 tsp. vanilla*
- *1/4 tsp. almond extract*
- *2 cups rolled oats*
- *1/3 cup sesame seeds*
- *1/2 cup whole natural almonds*
- *1/3 cup sliced almonds*
- *1/3 cup dried cranberries*
- *1/3 cup golden raisins*

Here's a tasty recipe to keep on hand.

Heat oven to 350°F. Coat baking sheet with vegetable cooking spray. In heavy, 3-quart saucepan over low heat, mix sugar, honey, sesame oil, cinnamon, vanilla and almond extract. Stir and cook just until sugar is dissolved. Remove from heat. Mix in oats and sesame seeds to coat completely. Spread evenly on baking sheet. Bake 10 minutes. Stir, then sprinkle whole and sliced almonds on top. Bake 10 minutes to toast almonds. Cool in pan, then mix with cranberries and raisins in large bowl. Store airtight.

These tips are tops!

- Top with creamy yogurt instead of milk.
- Top with your favorite fresh fruit.
- Make a quick cobbler by topping fresh fruit with granola and baking.

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COME ON OVER!

Continued

2. Meanwhile, whisk together oil, juice, vinegar, garlic, salt and pepper. Set aside. Remove and discard arugula stems. Arrange arugula leaves on a platter. Layer beets on top, then onion. Stir dressing and pour over top. Serve immediately. Makes 6 to 8 servings.

Per serving: 175 calories, 14.5 g total fat, 2 g saturated fat, 0 mg cholesterol, 364 mg sodium, 11 g carbohydrates, 3 g protein, 105 mg calcium, 2 g fiber



BEEF ROLL-UPS

Prep time: 25 minutes
Cooking time: 1 hour 35 minutes to 2 hours 5 minutes

3½ pounds beef round
1 cup whole-kernel corn
1 cup packed cilantro, chopped
½ cup freshly grated Parmesan cheese
1 teaspoon Dijon mustard
1 garlic clove, pressed
¼ teaspoon salt
¼ teaspoon freshly ground black pepper
2 tablespoons olive oil
2 cans (14½ oz. each) reduced-sodium beef broth
3 tablespoons tomato paste
1 large tomato, diced
Chopped cilantro, for garnish

1. With a sharp knife slice the beef into 16 thin pieces. Place each slice between 2 pieces of waxed paper and lightly pound with a wooden mallet until very thin.
2. In a bowl, combine corn, cilantro, cheese, mustard, garlic, salt and pepper. Mound 2 tablespoons of the mixture at one end of slice of meat. Roll the meat from the end nearest the stuffing, tucking in the edges as you roll, to form a neat packet. Secure with string. In a large Dutch oven over medium heat, add oil and brown roll-ups on all sides. Add broth; then stir in tomato paste and bring to a boil. Reduce heat to low; cover and simmer until very tender, about 1½ to 2 hours, occasionally turning the rolls. Remove roll-ups and discard string. Add to to the sauce and reduce over heat, 5 minutes. Spoon sauce roll-ups, and sprinkle with cho cilantro, if desired. Makes 8 servi

Per serving: 445 calories, 24 g total fat, 9 g sat fat, 126 mg cholesterol, 631 mg sodium, 7 g ca drates, 48 g protein, 100 mg calcium, 1 g fiber

MIXED BERRY TARTLET

Prep time: 20 minutes plus chilling
Baking time: 14 to 16 minutes

¾ cup unsalted butter, cut up
½ cup confectioners' sugar
1½ cups all-purpose flour
1½ cups heavy cream
1½ tablespoons granulated sugar
¾ teaspoon vanilla extract
8 tablespoons fruit preserves, any flavor
2 pints assorted fresh berries

1. Heat oven to 350°F. With mixe low speed beat butter and confect ers' sugar until creamy. Gradu beat in flour until dough begin come together. Gather into a ball, vide into 8 pieces and press eve into each of eight 4-inch tartlet pa Refrigerate 15 minutes. Bake c cookie sheet until just golden baked through, 14 to 16 minu Cool completely on wire racks, t tap on the bottom of each pan to move the crusts. *(contin*



When you want to feel great about starting the day with a healthy breakfast, you're talking almonds. They're high in **vitamin E** and a good source of **protein.** Plus, they're **low in saturated fat*** and **cholesterol free.** So the next time your taste buds need an extra crunchy wake up call, make sure California Almonds are in.

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*30g of almonds have 15g fat, of which only 1g is saturated.

"30 Minutes to Homemade" Strawberry Jam

1 qt. ripe strawberries, mashed
4 cups sugar (do not reduce sugar)
3/4 cup water
1 box SURE·JELL® Fruit Pectin
Plastic storage containers

MEASURE 2 cups mashed strawberries into large bowl. Stir in sugar. Let stand 10 minutes, stirring occasionally.

BRING water and pectin to boil in small saucepan on high heat, stirring constantly. Continue boiling and stirring for 1 minute. Stir into fruit mixture in bowl. Stir 3 minutes or until sugar is completely dissolved.

FILL containers quickly to within 1/2 inch of tops; cover with lids. Let stand at room temperature 24 hours. Jam is ready to use. Refrigerate up to 3 weeks or freeze up to 1 year; thaw in refrigerator. Makes about 6 cups.



CERTO Method: Omit water and boiling step. Mix 1 pouch CERTO Fruit Pectin and 2 Tbsp. lemon juice in small bowl. Stir into fruit mixture in bowl. Continue as directed above. Makes about 4 cups.

Available in the baking section.

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COME ON OVER!

Continued

2. Whip the cream, granulated sugar and vanilla until soft peaks form. Spread the bottom of each tartlet with 1 tablespoon preserves, then spread with whipped cream to the top of each crust and arrange fruit on top. Makes 8 servings.

**To order tart pans, call 800-763-6393.*

Per serving: 495 calories, 34.5 g total fat, 21 g saturated fat, 108 mg cholesterol, 27 mg sodium, 45 g carbohydrates, 4 g protein, 50 mg calcium, 3 g fiber

ALMOND LACE COOKIES

Prep time: 20 minutes
Baking time: 9 to 11 minutes per batch

1 cup old-fashioned oats, uncooked
1 cup sugar
2 tablespoons flour
½ teaspoon salt
¼ teaspoon baking powder
1 egg, lightly beaten
½ cup unsalted butter, melted
1 teaspoon vanilla extract
1 cup sliced almonds


Almond Lace Cookies

1. Heat oven to 325°F. In a large bo combine oats, sugar, flour, salt a baking powder. In a separate bo whisk egg, butter and vanilla, then a to the dry ingredients. Add the a monds and stir until even distributed.

2. Line a cookie sheet wi foil; spray lightly with no stick cooking spray. Drop le el teaspoons of dough, inches apart, on prepare sheet; flatten slightly. Bak until golden brown, 9 to 1 minutes. Let cookies co completely then peel fro foil. Repeat with remainir dough. Makes about 4 doz cookies.

Per cookie: 55 calories, 3 g total fat, 1.5 saturated fat, 10 mg cholesterol, 28 sodium, 6 g carbohydrates, 1 g prote 9 mg calcium, 0 g fiber ■

nued from page 114

trying to discipline the kids. "I
n't noticed any change," he says.
ning's easier."
heir behavior isn't any worse than
four-year-olds," counters Bobbi.
just that there are more of them."
enny admits that he's learned a lot
e last year. While previously he of-
onfessed feeling overwhelmed by
ize of their family, he says he's
ually learned to take the challenges
ride. "I think I'm getting my
gth back," he says. "I'm not overly
erned about the things I can't con-
' And while he was once troubled
e knowledge that the eyes of the
d are on their special family, now
oesn't worry so much about what
rs think. "I've learned I can't
e everyone," he says.
e is, however, well aware of the dif-
ies ahead. So far, the McCaugheys
been able to support their family
out dipping into the money well-
ers sent when the children were
. But they no longer receive contri-
ns like free groceries, and next fall,
n the septuplets turn 5, Carters will
onger supply clothing. "We'll be
ng their clothes at Target, Kmart
Wal-Mart," says Kenny.
obbi has already begun shopping
clearance sales for outfits the chil-
will grow into. She also keeps the
ery bills to $200 a month by buy-
generic products in bulk—quite a
for a family that consumes five
ons of milk and three to five
es of bread a week.
espite the many challenges, Bobbi
that caring for eight children has
ght her and Kenny closer. "He's
e of a hands-on dad than he was
Mikayla," she says.
We've really gotten to know each
r," says Kenny, smiling at her.
fact, when Bobbi looks back at
last year with all its changes, she
its that it's bittersweet. While hap-
o give up diapers and bottle feed-
, she loved the babyhood stage of
brood. "They're growing up so
" she says with a sigh. "It makes
eel just a little sad." ■

Continued from page 61

and the ALS Association of Georgia, volunteers, medicines, equipment and counseling, there was my 71-year-old father, who, besides caring for David while I worked, did all the yard work and much of the housework, and my mother, who devoted herself to Zoe. My brother, Randy, a family-practice physician, watched over David, and his seven children gave Zoe refuge. Though they all lived far away, David's five older siblings came to see him and helped us out financially.

On December 1, David died at home, in my arms.

David's death, from a second case of pneumonia, was unexpected. I had been up with him all night, and in the morning I was grumpy. When I told our hospice social worker that I felt guilty about this, she hugged me and said, "He loved you cranky, and you loved him cranky."

When people ask me how I withstood my husband's illness, I tell them I didn't have the luxury of a nervous breakdown; my family had to be fed and clothed. We do what we have to do, but for me it was so much easier because David and I loved each other so much.

When I realized David was dying, I wrapped my arms around his body, told him that I loved him and asked him to haunt me. He does. He's helping me face the fact that our children will grow up fatherless, helping me to bear the shocking silence of his absence. As always, he will help me write.

Zoe also said good-bye to David. Although she was confused after his death, requesting that we immediately go to Wal-Mart to buy a new daddy, she is slowly coming to accept his absence. Recently, she has begun to sing a song for him:

Oh, David Marr,
don't you cry for me,
Zoe will be coming around
the mountain,
With a banjo on her knee.

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Continued from page 119

The female stomach

Hormonal shifts—especially those during the menstrual cycle and pregnancy—affect a woman's gastrointestinal system.

- Food passes through a man's stomach one third faster than it does a woman's. Some researchers believe that ovarian hormones, particularly progesterone, slow the process in women. As a result, women are more likely than men to feel overly full after eating and to experience abdominal bloating and gas.
- Women have a lower threshold than men for gut pain, and experience more distress from it just before their menstrual periods.
- Women are more likely than men to get inflammatory diseases of the intestine, such as ulcerative colitis and Crohn's disease, and are also more vulnerable to gallbladder disease. However, female hormones seem to provide women with some protection against pancreatic cancer: The disease occurs three times more frequently in men than in women.

Sex and the brain

The shape and size of the brain, as well as the numbers of its cells and the extent to which they are interconnected, differ between men and women.

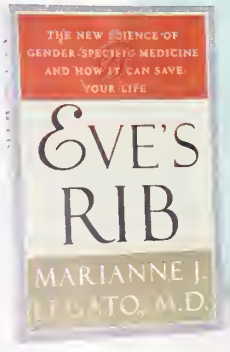
- Men's brains are generally 15 to 20 percent larger than women's, but women have more extensive connections between neurons and between the two halves of the brain than men do.
- Men produce 52 percent more of the hormone serotonin, which helps prevent depression.
- Women have superior "verbal abilities" than men, including spelling, grammar, fluidity of speech, writing, vocabulary, and oral comprehension.
- Women remember things better than men do. For example, they are generally better at memorizing telephone numbers and for using landmarks to find their way back to a location.
- Women perform finely coordinated movements better than men; they can even repeat tongue twisters more fluently and accurately than their male counterparts.
- Overall, boys outperform girls in math. The two sexes seem to approach math problems with different strategies and abilities. Boys excel when they use spatial relationships, shortcuts, or choose among several alternative paths to solutions, whereas girls excel when the answers depend on verbal skills or remembering and understanding classroom-based information.
- Women are more sensitive than men to facial expressions.
- Men are better able to understand the movement of three-dimensional objects in space. For example, when men and women are asked what happens to the level of water in a glass when it is tilted, most men have the correct answer (the surface of the water remains parallel to the ground because of gravity), but one in two women get it wrong.
- Some scientists report that women's ability to solve spatial tasks varies with the phases of their menstrual cycle. During menstruation, when estrogen levels are lowest, women have the most success with such challenges. Others have found that women with congenitally high levels of testosterone have an improved ability to perform spatial tasks.

Women's strengths—and weaknesses

- Women have stronger, more active immune systems than men. Researchers have discovered that testosterone dampens the activity of the immune system, while estrogen boosts it. Consequently, some vaccines, such as the polio vaccine, are more effective in women.
- However, women are more likely than men to experience severe stress as a result of a crisis or personal loss, such as a divorce or the death of a loved one. Stress and depression dampen immune function, and the result can be increased frequency of illnesses.
- Women athletes injure their kne more often than their male counte parts do. In particular, they are vu nerable to a tear in the anteri cruciate ligament (ACL) of tl knee—a condition that occurs 2 18 times more frequently in wome Crucial differences in the skeleto joints, ligaments and muscles of t two sexes predispose women to su knee injuries. Women's joints a more lax, in part because hormo levels fluctuate during the menstru cycle. Not only that, women ha wider pelvises with a more pr nounced forward tilt than men d which makes them over-straighte their knees when landing from a jun in an attempt to keep their balance.
- Women under the age of 40 g melanoma, a potentially deadly for of skin cancer more frequently tha men do; men are more likely to g basal-cell and squamous-cell carcin ma. For reasons doctors don't ful understand, women survive melanon better than men do.
- It is more dangerous for women smoke than for men. Women smoke are 20 to 70 percent more likely tha men to develop lung cancer. This because they have a greater sensitivi to the cancer-causing substances cigarette smoke. ■

LHJ BOOK BAG

For additional information, you may purchase *Eve's Rib*, which is available to LHJ readers by special arrangement with the publisher. The 272-page hardcover book contains pertinent information on how women and men are different in virtually every system of the body. This book should be used as a resource to help women understand their health and communicate more effectively with their doctor.



The price of $29 includes shipping, handling and sales tax. To order, call 800-763-6393.

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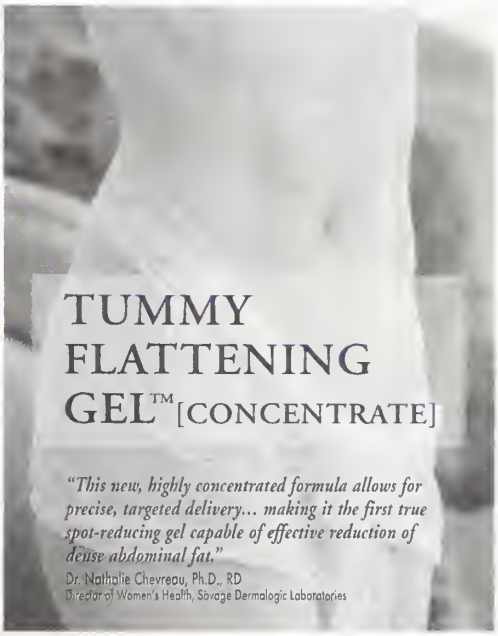
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ell documented that when beta adrenergic stimulants such as Epidril™ are o a culture dish with adipase (fat) cells, the cells deflate as they releose ed fat — very similar ta the way a ballaan deflates when stuck with o pin. ence is canclusive. Epidril™ hos been verified by twa published clinical d hos been awarded duol United States Patents [Nas. 4,525,359 and 24].

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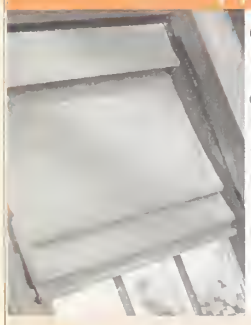
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WOMEN FOR SALE

Continued from page 133

FIGHTING BACK

With government investigators concentrating on terrorists, victims' advocates like Jennifer Stanger complain that the battle against traffickers has received back-burner treatment. "The money isn't there to call attention to the issue," she says. Instead, grassroots groups have begun forming to try to break the conspiracy of silence about the trafficking problem. "Our goal is the three P's—prevention, protection and prosecution," says Theresa Loar, president of the Vital Voices Global Partnership, a Washington, D.C.–based nongovernmental organization that promotes women's leadership around the world. "We want to educate women so they're not so vulnerable to traffickers. We want to help victims so they're not treated as criminals in another country. And we want to go after the bad guys from a legal standpoint." Already, Loar has trained police and women's leaders in Ukraine in how to fight traffickers, prompting the number of prosecutions to jump from 2 cases to nearly 100 over the past three years. In the U.S., she's advised shelter providers on how to provide security to women just rescued from traffickers.

"In most countries there's a greater penalty for dealing drugs than for dealing in human flesh"

Some of those victims who do gain their freedom decide to fight back. Tikku, a 25-year-old woman from Nepal, spent seven years in bondage after a trafficker sold her to a brothel in the red-light district of Bombay, India. Believing that she was traveling to a distant relative to become educated, the then–15-year-old was shocked to learn that she'd have to repay the brothel owner about $1,000 to gain her freedom. "All my dreams were reduced to nothing," she told LHJ. "I just wanted to run away." But her efforts to escape failed. "I was miserable," she says.

When Tikku was finally released after the years it took to clear h debt, she vowed to save other wom from a similar fate. Two years a she joined Shared Hope, a U.S.-bas organization that provides safe hou for sex slaves in Nepal and Ind "Today, my mission in life is to sa lost souls," she says. "What happer to me is very common in my villa Many girls get cheated with t promise of jobs and marriage and kidnapped by traffickers. Then th end up in a brothel."

But such efforts are rare, and ad cates for trafficked women maint that the situation won't improve wi out increased awareness around world. "In most countries, there' greater penalty for dealing drugs th for dealing in human flesh," says L da Smith, the founder and director Shared Hope, in Vancouver, Washi ton. A former U.S. congresswom from Washington state, Smith is le ing an effort to build a global allia of advocacy groups fighting traffi ing. "We want to declare war agai the traffickers in an organized ma ner," she says. "We want to make it that it's no longer an easy way make money."

Without that sense of common p pose, criminal traffickers will contir to buy and sell women fleeing pove without fear. And victims like Le the Latvian woman, will try to coun the trafficking by telling her story anyone who will listen. "People c take advantage of you," she sa "giving you debts that can never paid off." ■

Michael J. Weiss is a contributing editor of Ladies' Home Journal.

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